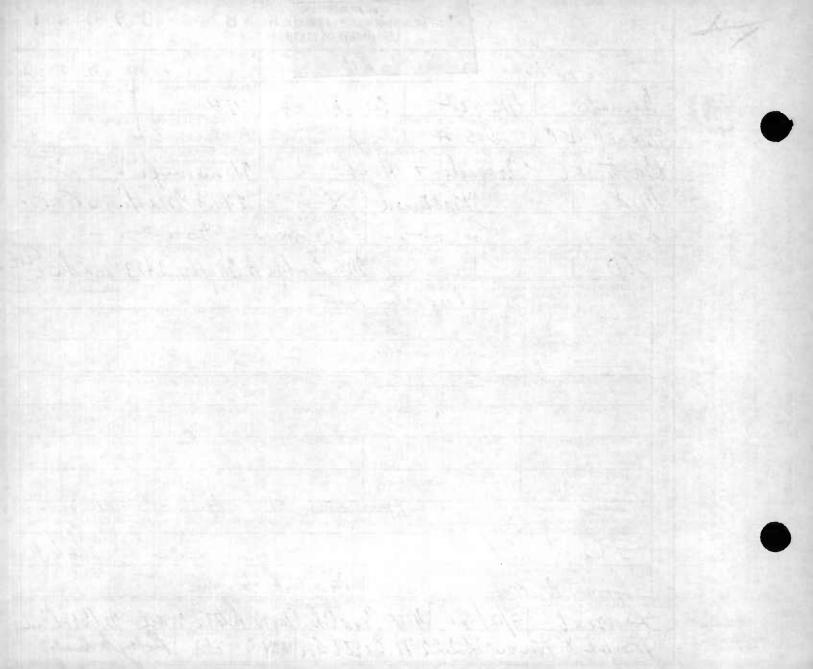
ALA YOU THAT Mary I set Lucian SANTALISM - LALL , LEGI COI & MOTHERS

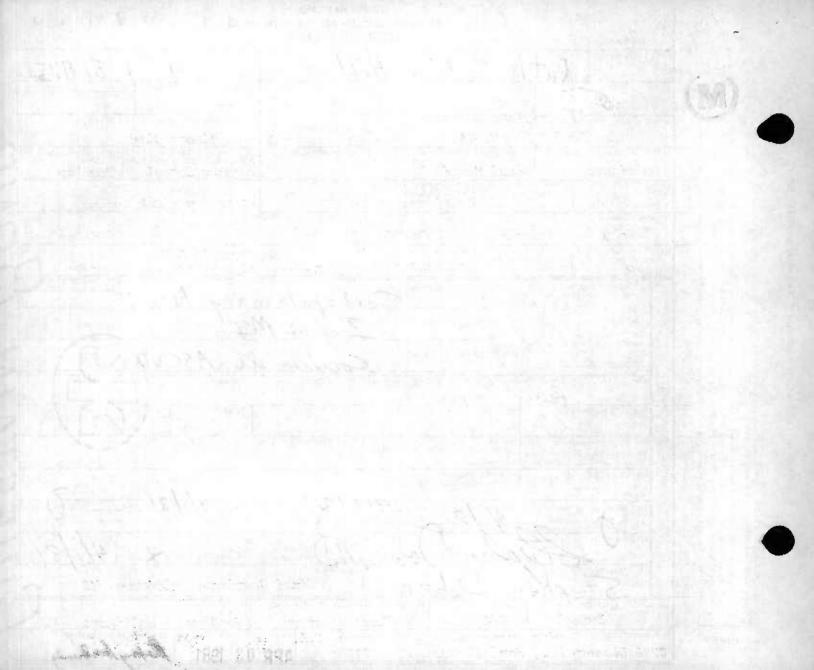
All the second above above a total earth to terminate (state with a set and the Art. Cole . M. comes - polyss le land int. 1

My	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 8 4 CERTIFICATE OF DEATH	9 1
		REG. NO.	
m 5	1. DE	EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2	h HOUR
nay be page ?		Almetrie G. Hill 4 at 8/19	9:45 Am
	3. SE	TO A CO (MATERIAL STATE OF ST	HOURS MIN
Poge 4	7a Bi	THE ACE STATE OFFICE OF THE COUNTY OF DEATH	
death.	SI	MARRIED NEVER MARRIED Baltimore City	MD.
to ofter is ofter by the filled will	X	OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFICIAL TO INSUCH FACILITY, GIVE STREPT ADDRESS) ACTION OF DEATH 1120 USUAL OCCUPATION— (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	BUSINESS OR
213 d in	USU/ 13a, 9	LRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 13b COUNTY ROUTE OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION (13d. INSIDE CITY LIMITS? 13e. STREPT ADDRESS) ATE 13b COUNTY ROUTE OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION (13d. INSIDE CITY LIMITS? 13e. STREPT ADDRESS)	The .
RYLA vithin vithin 2 sh	14 FA	THER'S NAME FIRST MIDDLE AST AST AST AST AST AST AST AS	
	2	eling Gross arona	
BALTIMORE, cote be execut ysicion ond co ppers. Pages 1 val		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MISS. (IF YES, GIVE WAR OR DATES) MISS. CAYLLYN B. Jaylor 2413 MALL	lisa live
PRESTON ST., BAL he death certificate he attending physici emove carban paper matian, or remaval r traumatic event, th		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate	ATE INTERVAL SET AND DEATH
W of the		couse (o), stoting the underlying couse lost (c)	
S es	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AL RECORDS, the low required to be significant. Then the permit. Then the permit to be sows any injury.	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES YES.	S USED F DEATH?
DIVISION OF VITAL NG PHYSICIAN: The cutending physicion the os the buriolations in the as the buriolations in the and Mental Hygien orked or Item 18 show		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
ON Iding Iding Is ce buri Mer	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	
VISI intensity of Physics of the phy	¥	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
DIVIG or oth After e as the alth a		1001 30 81 10 10 11	ot (I) (we) lost
TENDI outal or TOR: A for use of Heal		saw the decebsed alive an 1901 and 1901, and that in (my) (our) opinion death occurred on the date and hour and from the co above (I) (wg) (did) (did not) yew the body after death.	
OR ATTE e hospito DIRECTO sched for Dept. af h		22b. SIGNATURE) ., DEGREE	GNSO
그 보는 구성하는		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	18/
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT: I		22d. PHYSICIAN'S NAME (TYPE ORPRINT) Linda A. Rock 22e. ADDRESS: Provident Haspital	
TO H should with	23a. B	URIAL TREMATION, REMOVAL 236, DAVE / 236, NAME OF CEMETERY OR CREMATORY 236 MECATION	
301 BP	(:	Burial 372/81 Mit. Jun Ch. Can Stone Wall "B. Car,	thua
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	NERAL DIRECTOR L. Rues 22 DATE ON Morth are MAY 6 - 1981	KE

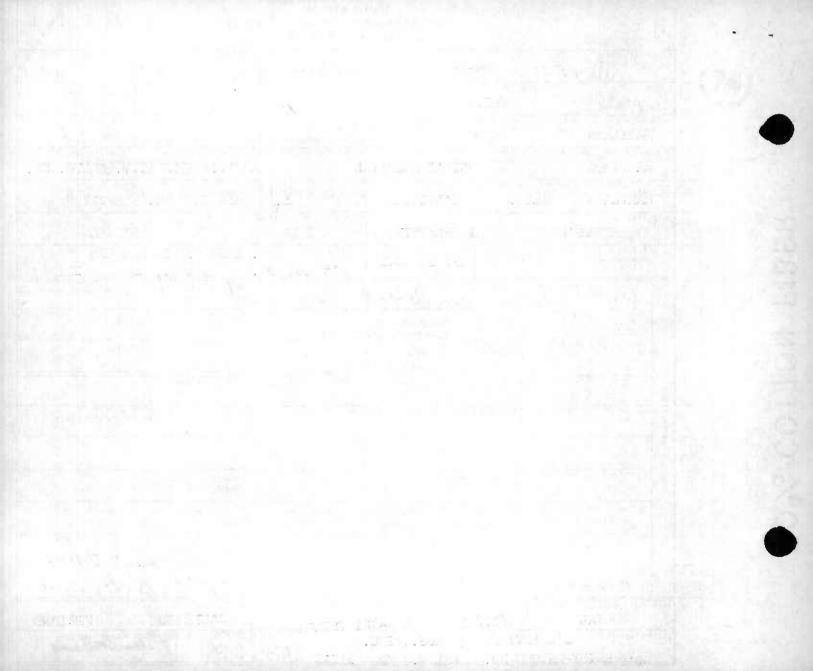


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MICOLE I. DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) Hi11 17,81 Jeffery DEATH MATED IF UNDER 1 YR. 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 64 81 male. black DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) N.Y. USA Baltimore City WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore City Hospital FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 4905 Truesdale Ave. 13a. STATE Baltimore 13d. INSIDE CITY LIMITS? 136 COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elaine Hill Ruben Hill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) N/A Elaine Hill 4905 Truesdale Ave. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral blunt force injury DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION E 3 SHOULD DE DE DEPARTMENT OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF IN JURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 7:30PM 4/ UNDERLYING OR blunt force CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.) 4800BLKClayburyStreet, BaltimoreCity, AT WORK street AT WORK X 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Hamicide XX Undetermined manner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY TITLE (SPECIFY) ACTUAL 4/18/81 DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, MD 21201 Hormez R. Guard.M.D. 23d. LOCATION Burial 4/23/81 Baltimore MD Baltimore Cem. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RE DHMH-17 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 15M 2/80

G. Additional and the state of The Strangholmy



•	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENICATE OF DEA	NTAL HYGI	IENE 8	0	9 8	4 4
oy be		CEASED NAME FIRST OR PRINT) THE FFR	Eg 1	NEAL H	MME Is. Date of		n	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	4/15	FUNDER I YEAR	26 HOUR 9:05 PN 1F UNDER 24 HRS
oge 4 m		MAG	WHI		O.S.		48	,32	YRS.	MONTHS DAYS	HOURS MIN.
dearm. Pe		RTHPLACE (STATE OR FOREIGN	U.	SA	WIDOWE		RCED []	9. BALTIMORE CITY O	Him	OF DEATH	ty ME
by the filed with a natified		TY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSIN	SPITA	OR OTHER INSTITU	ITION	ASS T. STATI			OF BUSINESS OR
nin 24 haurs ly filled in b shauld be fil	13a. S		LTO.	13c. CITY OF TOX		13d INSIDE CITY YES \(\begin{array}{c} \cdot \c	LIMUTS?	13e. STREET ADDRESS 618 KAHN	DR.	#2120	08
impletely formal 2 shows a short of 2 short of 2 short of 3 short	14 FA	THER'S NAME ABRAHAM	WIGGE	HIMMEĽŜTE]	IN	15. MOTHER'S MA	AIDEN NAN	AE MIGGLE	S	SIEGEL LAS	ī
be execut		VAS DECEASED EVER IN U.S. A YES, NATOUNKNOWN) (IF YES, G	RMED FORCES?	217 50 (0341	17 INFORMANT 618 KA		IRIS BALTO) 2	21208
rificate be execution and compagnition and compagnition and compagnition and compagnition and compagnition are madical and compagnition and compagnition are madical and compagnition and compagn		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause pe ED BY: ATE CAUSE (a)	er line far (a), (b), gna	da	ti ade	no Ci	accinium	K	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
he death certi he attending p emave carbon matian, ar ret		Canditians, if any, which	DUE TO, (OR AS A CONSEQUE	0 /	ilure					
by the series of		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUE	NCE OF	negat	s'ne c	sepas			
equires the signed Then ples to burio injury, or	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO C	EATH BUT	NOT RELATED TO	THE TERMI	nal disease or con	DITION GIV	EN IN PART 16	D)
The law rician. te has bee sit permit. Green pria	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES IN CERTIF YES	YING CAUSES	OF DEATH?
PHYSICIAN: The ending physicion this certificate he buriol-tronsit to Amental Hygies dar frem 18 shave		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY	Y YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, P	PART I OR PART 2)	
ING PHYSICIAN: The law requir ratending physician. After this certificate has been signs the burial-transit permit. Then the burial-transit permit. Then the and Mental Hygiene prior to be narked or Item 18 shaws any injury	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F.		21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTENDIN oital ar TOR: Aft far use ar far use ar far use ar		22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did r	n	19			r) apinion d	, ta leath occurred on the do			that (I) (we) last
TAL OR ATTAL OR ATTAL OR ATTAL DIRECTOR DIRECTOR TO THE TERM OF THE TERM OF THE		226. SIGNATURE	ine M	not my	7.5	PHO ATTE	NDING SICIAN	MEDICAL STAF		22c DATE	SIGNED.
HOSPI'sined be FUNE!		22d. PHYSICIAN'S NAME (TYPE		ntin .	an	22e ADDRESS	noi	Hispat	, Be	ult, 2	me
Bb or sign	23a. E	burial, Cremation, remova Specify) BURIAL	23b. DATE 4/17			EMETERY OR CREA		23d. LOCATION BALTIMO	ORE	COUNTY MAI	RYLAND
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	INERAL DIRECTOR SOL		N & BROS.	, INC	21215	APR	REC'D. BY REGISTRAR	25b GIST	RAR'S IGN	URE

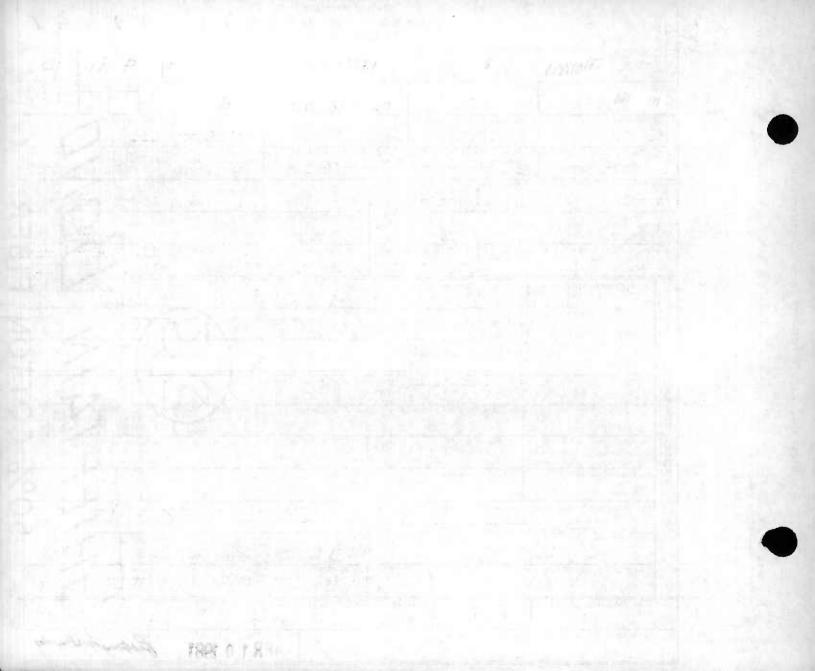


ALATANA MANAGEMENT OF THE PROPERTY OF THE PROP Chapaire the machine pithings 18 2/14 12 2/14 28/1 Wilsouth mb. G. DET HEATE HAS ZUEE LIGHTY HEIGHTS

POR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) FIRST	RUDY) MIDDLE		EALTH AND MENTAL HYG ICATE OF DEATH		0 9 8	3 4 6
DECEASED NAME FIRST	KUDY)	CERTIF	ICATE OF DEATH	DEC NO		
TYPE OR BRILITY	MIDDLE			REG. NO).	
(TITE OR PRINT)	middle	L/	AST		MONTH DAY YEAR	2b. HOUR
KUP	ERT	HOER	JIGMANN	0	4-04-21	4201
SEX	4 RACE	5 DATE O		& AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I YE.	AR IF UNDER 24 HR
M	Cauc.	Marc Marc		64.	MONTHS DAT	YS HOURS MIN
e. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8				
Austria	Austria			BALT	CITY	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME O				D OF BUSINESS C
Raltimore			14.7			
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION. GIVE RESIDENCE	CE BEFORE ADMISSION)	LULIS	rachine Med	name Pape	r cup MI
3R STATE 13b CO	UNITY 13c. CITY O	RTOWN		13e. STREET ADDRESS		***************************************
	Balt	imore			sal Street	#21224
FIRST	MIDDLE	IST	15. MOTHER'S MAIDEN NAM	WE		LAST
Karl	Hoenig	mann	Unl	mown		
		L SECURITY NO.	17 INFORMANT	ADDRES	55	
No -		6-7523	Luise Narkiev	ricz - 1.27 S	Bonsel S	+. #2122
IL CALISE OF DEATH (Enter	only one course per line for (a)	Ib) and (c))			APPR	POXIMATE INTERVAL EN ONSET AND DEAT
		-diac	anotheria		BETWE	EN ONSE! AND DEA!
IMMEDI	ATE CAUSE (o)	Mai	any ograce	<u> </u>		
7/00	DUE TO, OR AS A CON	TYP .	100/2	.1-		
	(b)	my o can	elia ma	Mo		
couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF		1. 0 0.		
onderlying coose lost	(c) (c)	Chorosce	evolu arais	vasuxar pa	seaso	
	T CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
à Ciearel	te abure					
5 190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
				YES NO	YES	NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2]
OR CONTRIBUTION C CAUSE OF	DEATH		Charles and the			
214. INJURY OCCURRED		19	211 LOCATION			
	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC]	STREET	CITY OR TOW	N COUNTY	STATE
AT WORK		MARC	11 2/2 41	4-4	21	250
	11 11 11	110111	, 17	, to	3 / 19	_, that ()(we)
abave, (we) (did) taid		_19, on	d that in thy (our) opinion o	Jeoth occurred on the do	te and haur and fram t	he causes stated
22b. SIGNATURE	//		DEGREE		22g. DA	TE SIGNED
//	· ami	m	ATTENDING PHYSICIAN			4-81
224. PHYSICIAN'S NAME (TYP	E OR PRINT)		22R ADDRESS		7.11.72	
1/11/2/	Carrie		4940	Eneter	1.0	
VICE	SMINI	100		Tourse !	The	
(SPECIFY)				CITY OR TOWN	COUNTY	Marylan
170,000,00	4/8/81	I Oak La	wn Cemetery	Baltimore	Country	Marylan
Burial	M 0/01	Ocat Da	The state of the s	Батолиот	000000	-
0 3: 4 6 1 10:40:40:40:40:40:40:40:40:40:40:40:40:40	AUSTIA OCITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF NURSING HOME IS STATE 13b. CO. MARY Land FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. / (IF YES. G. NO. IN INC. INC. INC. INC. INC. INC. INC.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) AUSTIA AUSTIA CITY OR TOWN OF DEATH Baltimore Baltimore SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE THE TIBLE TOWN OF DEATH TIBLE TOWN OR UNKNOWN) FATHER'S NAME FIRST WAS VASHE WAS DECEASED EVER IN U.S. ARMED FORCES? IND IT CAUSE OF DEATH (Enter only one couse per line forgo), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if ony, which gover rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED VALUE 216. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK AT WORK AT WORK 217. PLACE OF INJURY HOUR A.M. MONT P.M. 218. PLACE OF INJURY HOUR A.M. MONT P.M. 219. SIGNATURE 210. SIGNATURE 210. SIGNATURE 2118. DATE 2129. SIGNATURE 2120. CEMATON REMOVAL TIB. DATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY) AUSTIA DISTINATION AUSTIA DISTINATION BALTIMOTE BALTIMOTE BALTIMOTE BALTIMOTE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BISTATE STATE STATE INDEE ISSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BISTATE INDEE ISSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMOTE ISSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMOTE ISSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMOTE LAST HOENITMAN BALLTIMOTE LAST HOENITMAN BALTIMOTE LAST HOENITMAN BALLTIMOTE LAST HOENITMAN BALTMAN BALTMAN	BERTHPIACE (STATE OR FOREIGN COUNTRY) AUSTIA AUSTIA	BRITHPACE STATE OR FOREIGN VAUSTITIA AUSTITIA AUSTITIA WIDOWED DNORCED 128 USUAL OCCUPATION AUSTITIA MARCH MACHINISTITUTION 128 USUAL OCCUPATION AUSTITIA MACHINIST MACHINISTITUTION MACHINISTITUT	BRITHACE: STATE OF FOREIGN OUNTY OF DEATH AUSTITA AUSTITA AUSTOR AUSTOR AUSTOR BALTIMORE AUSTOR BALTIMORE BAL

(Hauf tury) with the second and the companies of th Mary More E Import . Town I go w E eroni He - - - -MARCH 24 6 11 1/18/-Manager Andrew Committee of the Committe

7922 Wise Avenue Dundalk, MD. 21222



CONTRACTOR SOURCE		
		(84)
. Na minute Nittle		

7	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 0	9849
L		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
noy be poge 3 rr death	(179)	OR PRINT) ETH	FL	HOLLY	Capril	6 1981 9130pm
moy pog	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4		Female	N	MONTH DAY YEAR 95	85 YRS.	MONTHS DAYS HOURS MIN.
	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
decoth.	3	HARYS CO	U.SA.	WIDOWED DIVORCED	CITY	MD.
ofter of optied with		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION IREET ADDRESS) NORE GEN. HOSPINAL	12a USUAL OCCUPATION (HTTE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
2120 hours	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	1	1, 4 1.
AND 24 h		MD,	Ba	YES NO	Feder-Al Hill N	ursing Homes
MARYLAND ed within 24 ond 2 should examine (mu)	14. F/	THER'S NAME WILLSON	MIDDLE PRICE	15. MOTHER'S MAIDEN NA GEOGRAPH	ana middle A	Pice LAST
BALTIMORE, cote be execut ysicion and coppers. Pages 1 wol. it, the medical		VAS DECEASED EVER IN U.S. AR (ES, NOOR UKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIALS (E WAR OR DATES) 214 /6	5633 AGATHA SAU	Nders 8629	floreen Dr.
the death certified the otherding phremove carbon premation, or removentrounding or removentroundic every		Conditions, if any, which gave rise to immediate cause (a), stating the	DBY: TE CAUSE (0) Carcher DUE TO, OR AS A CONSE (b) Chyd DUE TO, OR AS A CONSE	OUENCE OF VENAL Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W		underlying couse last.	(c) decub	TO DEATH BUT NOT RELATED TO THE TERM	AINIAL DISEASE OR CONDITION ON	(ENTINE DADT)
quir quir quir sigr Then to bo	Z	contractu	res dementra		emy	CIVITY PART I(Q)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physician. outer this certificate been sig outer this certificate permit. Ther the ond Mental Hygiene prior to be orked or frem 18 shows any injur	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
N OF VITAL SICIAN: The ng physicia certificate Iviol-transit tental Hygie them 18 sho	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
IVISION OF UG PHYSICIA ottending pl ter this certifi s the buriol-tr nond Mental rked or frem 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDI ontol or TOR: A for use of Heal	L	22a. I certify that (1) this haspi	to)) attended the deceased from	4.	death occurred on the date and have	19 81 , that (I we last or and from the causes stated
0 0 000		Maureen L	Durken	DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 4/6/8/
HOSPE bined b		22d. PHYSICIAN'S NAME (TYPE O	L DURKIN	22e ADDRESS South Bultu	more general hospi	tal, Bultinere St.
403 BP	230	URIAL, CREMATION, REMOVAL	23h DATE 4-10-8/	NAME OF CEMETERY OF CREMATORY	23d LOCATION /	COUNTY Agestre
DHMH-16 30M 2/80 (VRA 15, 4)	24 5	INERAL DIRECTOR NAME A. Mc Rich.	LSONS 1700RE	/	TE REC'D. BY REGISTRAR 256. REGIS	ARYSSIGN TURF

Buth & Know Hill Howard House allegation there was a fact to the terms 24 16 56+5 Acatho Steveles Kolf Homes 14 SX Williams 11 th supple to 1 this start PARAMERICAN PROPERTY APPRIES 1981

STATE OF MARYLAND									
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE						

0 9 3 5 0

1	1 -	STATE REGISTRAR	DEFARIA		ICATE OF	DEATH	REG.	NO.		0	.5 0
		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	TITPE	ORPRINT) FISIP	M	Ho	1/mes			4	7	81	6:21AN
	3. SEX	(4. RACE	5. DATE O			6 AGE (IN YEARS LAST	BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS
		female	white	9	16	1907	73	YRS	MONTHS	DAYS	HOURS MIN.
	In: BI		76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER		9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
5	1	PA	U.S.A.	WIDOW	_	NORCED	Baltimo.	re Cit	ty		MD
5		iy or town of death altimore	11. NAME OF HOSPITAL, NURSIN (JENOT IN SUCH FACILITY, GIVE STREET) FOOD Samaritan	ADDRESS)		TITUTION	12a USUAL OCCUP LIYPE OF WORK FOR MOS Homemaker			KIND O DUSTRY	F BUSINESS OR
7	USUA 13a. S	AL RESIDENCE (IF NUR TATE NJ Pear	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE (ио 🔏	13e. STREET ADDRES		Stree	t	
	14. FA	THER'S NAME Elmer	MIDDLE			S MAIDEN NA	MIDDLE			LAST	T
7	-		Gruber		-	arah	В.			Unk	cnown
3	16a W	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU TE WAR OR DATES) 207-16-65		17 INFORM	Mr. I	Russell Ho	ress Imes Parkvi	ille.	MD	21234
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) M Y CA DUE TO, OR AS A CONSEQUE (c) CEPEBOO CONDITIONS CONTRIBUTING TO BE	NCE OF NCE OF	var.	fortio	int	AND TON C	SIN/EN (AL	2	days
	TION	190 DATE OF OPERATION	1196 CONDITION FOR WHICH		1-7		700 AUTOPSY?				VGS USED
1	CERTIFICATION	190. DATE OF OPERATION	1198 CONDITION FOR WHICH	OPERATIO			YES NO	IN CER	TIFYING (CAUSES	OF DEATH?
7		?1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	UTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR								
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATI STREE		CITY OF	IOWN	co	YIMU	STATE
		22a.1 certify that (I) (this hospi sow the deceased alive an above (I)(we) (did) (did no	tol Dattended, the deceased from 19 &	2/	nd that in (my	(our) opinion	death occurred on the	dote and h	, 19		that (1) (e)lost couses stated
		226. SIGNATURE ROBERT B.	Innes. M.D			ATTENDING PHYSICIAN [MEDICAL S'	TAFF SICIAN A.	. 22	C. DATE:	17/81
1		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRES	SS					2010

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

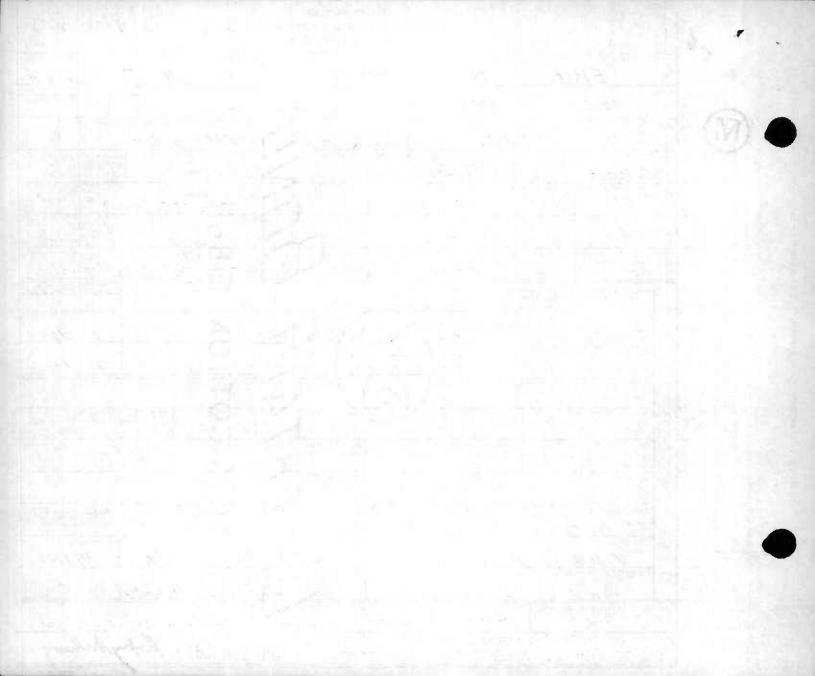
23(. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Pittsbury

Alleghenu

STATE

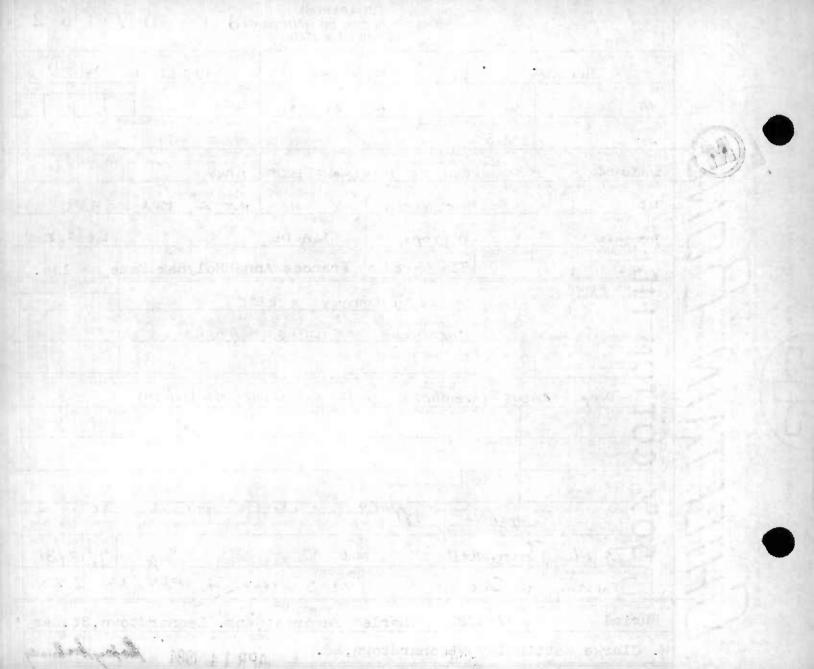
Burial 4/10/81 Churchill Cemetery Pizza Funeral Directors, P.A²⁵0. DATE REC'D. BY 8728 Liberty Rd., Randallstown, MD 21133 APR 10



the state of the second of the

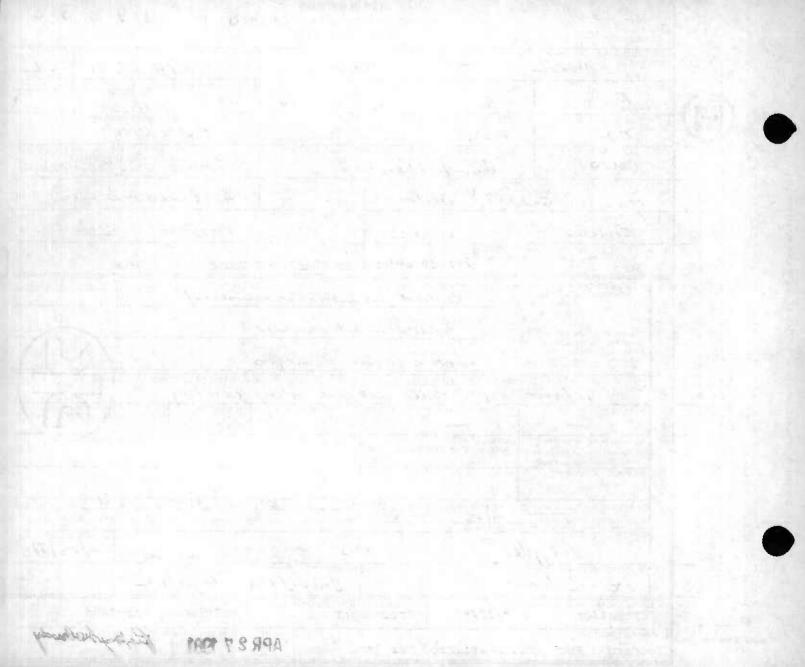
W. Clarke Mattingley Leonardtown.Md.

(VRA 15, 4)



Leonard J Ruck Inc. Baltimore, Maryland

(VRA 15, 4)



	TA	TE	OF M	ARYL	AND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIE

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	4 9 5 4					
	DECEASED NAME / SIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR					
1	MARY	ELLENDER HO	OPER	APRIL	7 1981 3:40A _M					
3.	SEX	4 RACE 5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	FEMA LE	WHITE 07	08 1889	91 _{YRS}	MONTHS DAYS HOURS MIN.					
20	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED E	BALTO. CIT						
В	BALTO. MD.	11. NAME OF HOSPITAL, NURSING HOME (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPI		126: USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOKKEEPER	12b. KIND OF BUSINESS OR INDUSTRY AMSTAR CORP.					
	MARYLAND BA	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 138; CITY OR TOWN ARBUTUS	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1202 CIRCLE DR	RIVE, 21227					
14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST					
4	CHARLES	A. HOOPER	KATHERI	NE	McCULLOUGH					
16	WAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRESS						
2	(YES, NO OR UNKNOWN) (IF YES, O	213-03-6391	ANNA MARGAR	ET CROUGH 1202	CIRCLE DRIVE					
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIEIC ANT	gove rise to immediate cause (o), stating the DUETO, OR AS A CONSEQUENCE OF								
1		0.00	The state of the season	MINE BISEASE ON CONSTROLL						
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \tag{Pi} NO \tag{Pi}					
	00.00.00.00.00.00.00	BEATH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)					
1	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	sow the deceased alive a	pital) attended the deceased from 3.1	nd that in (my) (aur) apinion	death occurred on the date and hi	, 19 , that (I) (we) last our and from the causes stated					
	276. SIGNATURE Marcea	Loed	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED					
T	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS	WEIST LEED						
	MARCTA COOD	M D	OT ACMEC	DOOD TATTEDOU	CATION ATTE 2124					

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/B0 (VRA 15, 4)

LOUDON PARK 21229 121229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

04-09-81

23b. DATE

23g Burial, Cremation, Removal BURIAL

23d. LOCATION
BALTIMORE CITY MARYLA ND ST. ACHIES MISETTAL STATES OF STATES THE THE PROPERTY OF THE PROPER

WPOFT ANT: If Item 21 is marked or Item 18

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	7 0	2 2
1. DECEASED NAME (TYPE OR PRINT)	ANNA		M	НОТС	HKISS	2a DATE OF DEAT	4-3-8	B1	2: 48AM
3. SEX Female		White				6. AGE (IN YEARS LAS	YRS		
New York	2	U.S.		WIDOWE		Baltimore Cit	ore Ci	ty	м
Baltimore	9	(IF NOT IN SUC	rch Hospi	ADDRESS)	r other institution	RECIPED M			S. Adm.
USUAL RESIDENCE (130 STATE Marylar	13h COU		Baltimor		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRE 5123 Ha.	ss rford i	Rđ	
14 FATHER'S NAME PIRST Nicola	as	MIDDLE C	Carola		Neffie	$C^{^{MIDDI}}$	JE	Kenne	ày
160 WAS DECEASED (YES, NO OR UNKNOV NO		MED FORCES?	079-14-		17 INFORMANT Mr James E D		DDRESS 9 Main	Ave Pa	sadena M
Conditions, if gove rise to cause (a),	IMMEDIA	D BY: TE CAUSE (a) DUE TO, O	IR AS A CONSEQU	Puln ENCE OF CARDI	RDIOPULMONARY CUNEUY AVA OVASCULAR ACC	sat			DXWATE INTERVAL N ONSET AND DEATH
190. DATE OF O	PERATION	19b COND	ITION FOR WHICH		NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	206. IF Y	YES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH?
OR CONTRIBUTION (IF EITHER NOTH 21d. INJURY OF	G CAUSE OF DE	P. PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, I	19	21f. HOW INJURY OCCURE 21f. LOCATION STREET		INJURY IN ITEM 18	B PART I OR PART 2)	STATE
22a. I certify the saw the dabove, (I	nat (1) this hasp	AL3			4-2 nd that in (my our opinion	81 4 death occurred on th	3 ie date and hi		
226. SIGNATUE	RE	1			DEGREE			22c. DAT	TE SIGNED

224. PHYSICIAN'S NAME (TYPE OF PRINT)

MEDICAL STAFF DIRECTOR PHYSICIAIX

W. EDWARDS, MD. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

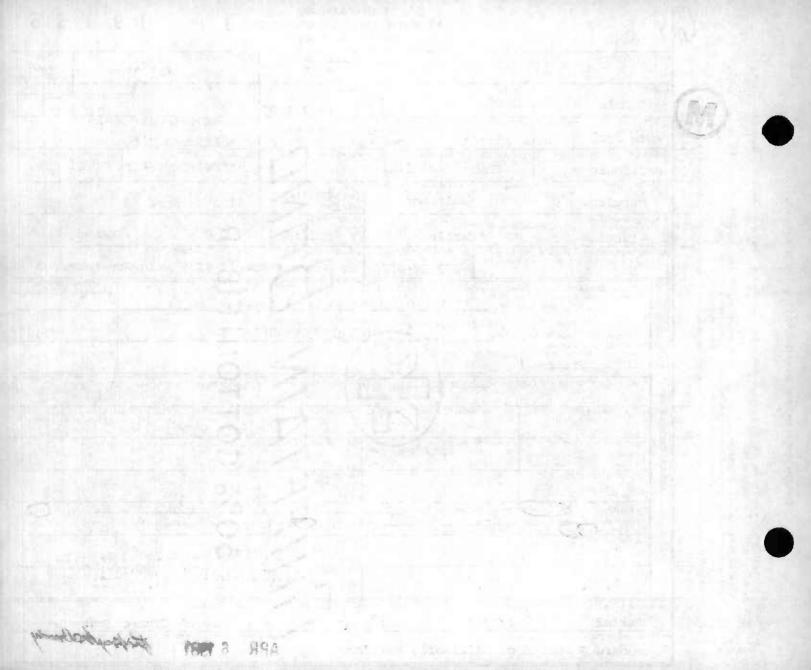
Maplewood

Norwich Connecticut

4/7/81 Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REG

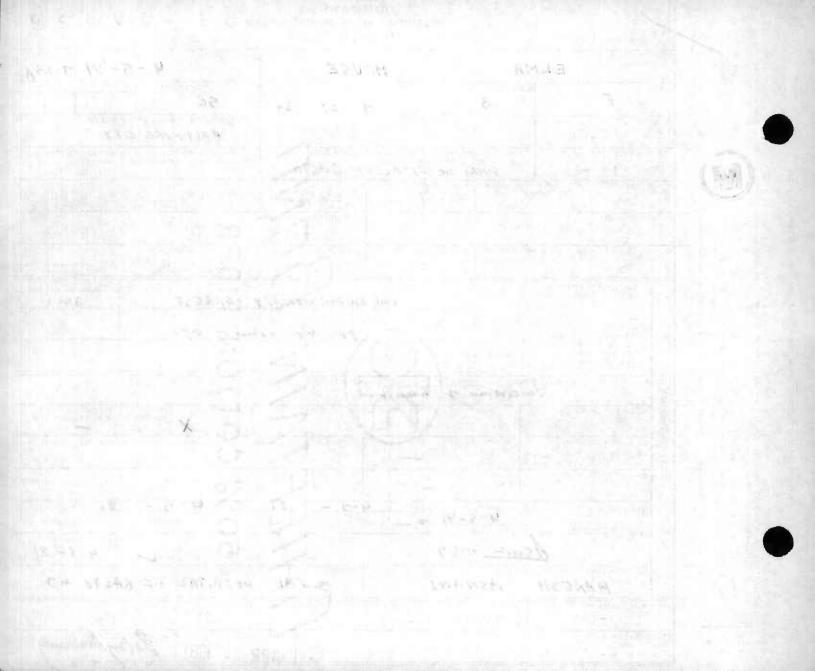
STATE

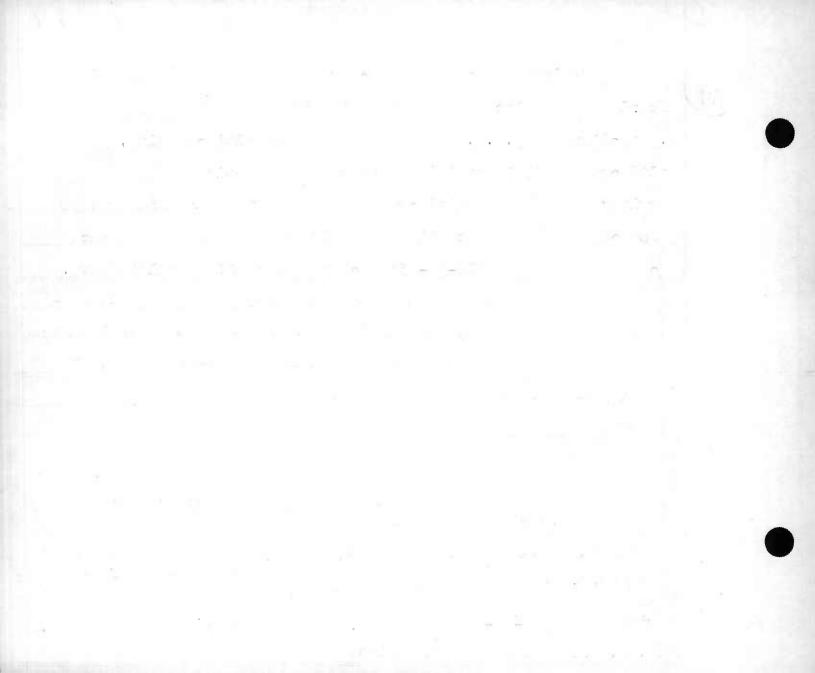


STATE

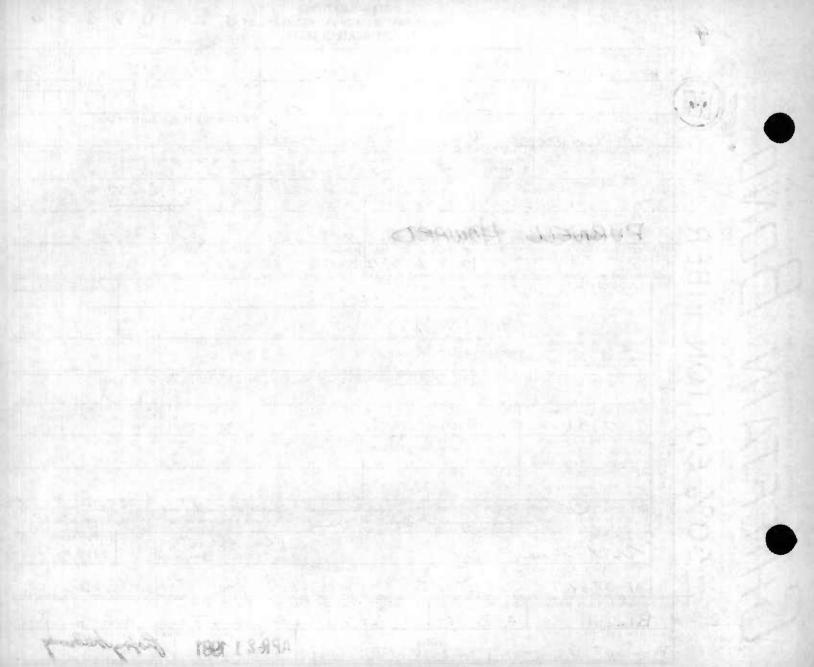
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE





1 24	¥	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 9 8 5 8
1 - 4		I DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	TH DAY YEAR 26 HOUR
143 143			OR PRINT) 415A	b	4 miles	4/191	181 94ZA
bg dec	1	3 \$E		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HI
- 阿斯坦	MIII Y	1	F	K	MONTH DAY YEAR 44 28 64	16	YRS. MONTHS DAYS HOURS MI
S FF	WII!	In BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	DV2 8	O BALTIMORE CITY OR C	
E 85	02		OUNTRY)	115	MARRIED WEVER MARRIED	CITY	
\$ \$4	9	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS
the offer	教の			(IF NOT IN SUCH FACILITY, GIVE ST	0 /	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
E Elle	20	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSION)		242-44
4 19	21	13c. S	STATE 13b. COL	INTY 13c. CITY OR T	TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	SAREVA
in 2 by fill shou		M	THER'S NAME	161 07	15. MOTHER'S MAIDEN NA	AME	
de 2	A	13.17	Disposer	MIDDE TO LANGE	FIRST	WIDDLE	A Sulfa LAST
2 de 2	170	IA . V	VAS DECEASED EVER IN U.S. A	RMED FONCES? 16h SOCIAL S	SECURITY NO. 17. INFORMANT	ADDRESS	4-11171E
pur pur	/ pdice			IVE WAR OR DATES)		L CHART	
a und	E			710 /		- 0411/21	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ada depe	4		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line far (a), (b			BETWEEN ONSET AND DEA
11 10 E	-			ATE CAUSE (a) ARDI	AC ARREST		
h ce	otic	100	4275	DUE TO, OR AS A CONSE	EQUENCE OF ,		
To a see	Born		Conditions, if any, which	((b) VNK	NOWN		
the state of	1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF		
10 year	to the		underlying cause last.	(c)			
pour place	0 %	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 1101
The The	in in	CERTIFICATION					
2 21 3	400	3	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20g AUTOPSY?	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
A S S S S S S S S S S S S S S S S S S S	18	E .	2/81	CHOLECY	ISTITIS	YES NO	YES NO
F19 6104	\$	18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
SICIAN ing phy certific urial-tra	Hem 1		OR CONTRIBUTING CAUSE OF D	EATH	DAY YEAR		
HYSIC ding ding is cert burial Menta	0 #	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
G PHY attendi er this s the bu	rked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CILLOKIOMI	(00,111
五二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	a of			pital) attended the deceased fro	- 4/12 10 F	1 10 4/19	19 8 / that (IV (we)
ATTEND sspital o CTOR: /	.5	1.9					and haur and from the couses state
	a 2		abave, (I) (we) (did) (did i 22b. SIGNATURE	on 4197 nat) view the body after death.	DEGREE 1.	7 1	22c. DATE SIGNED
OR DIRI	# He		110. SIGNATURE		ATTENDING	MEDICAL STAFF	- 10/0/01
TAL RAL det det			- Will ma	Kurs	PHYSICIAN	DIRECTOR PHYSICIAL	1/17/0/
HOSPITAL ned by th FUNERAL uld be det	RIA		22d. PHYSICIAN'S NAME (TYPE	11	22e. ADDRESS	1 1/ . 7	1400
1000	Po		KOBERT	C. MOORI	E Unt Mo	Hosp. 5	42T MD-
of To sho	3	23 o .	BURIAL, CREMATION, REMOVA	AL 236. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	4 COUNTY STAT
// BP			BURIAL	4-23-81	CEDAR Hill CEN		R A.A.Co. 1
DHMH-16 30M 2/8	0	24 F	UNERAL DIRECTOR		25a. D.	ATE REC'D. BY REGISTRAR 256	
(VRA 15, 4)		T	NAME	ADDR	ESS LIBOLA, SL. AP	R 2 1 1981	Land of the stand



1/2 1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 O S	9 3 5 9
(I) deoth	DECEASED NAME FIRST Velma MIDE (FE OR PRINT) (A) MIDE MIDE MIDE MIDE	Howard Howard	2a DATE OF DEATH MONTH CAY	YEAR 26 HOUR
3. S	female (white	5. DATE OF BIRTH MONTH JO 1897		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
\$ \$71	BIRTHPLACE ISTATE OR FOREIGN 78 CITIZEN OF WH	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	
P 070	Baltimere Melcher	Nursing Home Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
BS M	aryland Baltimore M	iddle River YES NO E	13e STREET ADDRESS 529 Dark Head Ros	ad 21220
30	FATHER'S NAME FIRST George Washingto		MIDDLE -	DeGrass
S. Poges	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	16 24 5704 Barbara Stur	address geon Same	
movel.	18 CAUSE OF DEATH (Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	efor (0), (b), and (c).) Action to condionne	In Source.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumatic	Conditions, if ony, which gove rise to immediate	S A CONSEQUENCE OF LABOR Synch	hone,	
to burial, injury, or o	PART 2. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
Mentantoring permit in the National Hygiene prior in the National Shows any injury them 18 shows any injury them 18 shows any injury them 18 shows and 18 shows a	19a. DATE OF OPERATION 19b. CONDITIO	N FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, V IN CERTIFYIN YES V YES	VERE FINDINGS USED NG CAUSES OF DEATH?
			RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
morked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF (AT HOME, STREET,	NJURY FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is me	27a. I certify that (1) (this haspital) attended the dissays the deceased alive an 3/2 above (1) livel (did) (did yet) vip) the body after	19 8 and that in (my) (our) apinian	death accurred an the date and haur a	, that (i) (we) last
TANT: If then	17h SIONATURE HOUND		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED /
with the State MPORTANT:	228 PHYSICIAN'S NAME (TYPE OR PI	1205 B	+ Paul St.	
230	BURIAL, CREMATION, REMOVAL 236, DATE (SPECIFY) Purial 15-81	23c NAME OF CEMETERY OR CREMATORY Holly Hill Memorial		Co. Maryland
M 7/73 4))	Bruzdzinski Funeral Jome	PA 1407 Old Eastern AvaP	R 13 1981	Markety

STATE OF MARYLAND

To un ton ે ેંગ્રલ of fire and the second of the to Line the teller and the travel of the control of terior (-1-1-) and the second the state of the s

3	li	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 O	98	6 0
		CEASED NAME FIRST	MIDDLE	£AST	2a. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
		MAR		HRANICKA	4 -	3-81	3:40Pm
-8	3. SE	* Gemale	4 RACE White	5. DATE OF BIRTH MONTH 29 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
My	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) ZECHOSLOVAKIN	76. CITIZEN OF WHAT COUNTR		Baltimore (in	NTY OF DEATH	MD
3		Baltimone	IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION DEET ADDRESS! OPE GEN HOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOSTOF WORKING	12b KIND	OF BUSINESS OR
3	13a.	AL RESIDENCE (IF NURSING HE POI STATE AND	R OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 507 MAUDE	Ave.	
Dis Z	D	ALOYSIOUS	MIDDLE SHETL	15. MOTHER'S MAIDEN NA FIRST Unkn	MIDDLE	ı	AST
Z medicol		WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (HEYES, GI	RMED FORCES? 166 SOCIAL SE 215-01		ADDRESS Vasicek, 5512 Mag		Md. Dismate interval N ONSET AND DEATH
injury, or ather troumat	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE MENT OF	IRY TRACT INF		GIVEN IN PART	I (o)
Some prior	ERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED ES OF DEATH? NO [
or Item 18 shows	0	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is m		sow the deceased alive or	ital) attended by deceased from 15 15 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	12 / /	deoth occurred on the date and h	nour and from th	, that (I) (we) last ne causes stated
TANT: If Item		276 SIGNATURE AND AND STATE OF THE STATE OF		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	. 11	3/8/
IMPORTANT: If		ALEXANDER	KOSENKO	3001 5,		7.	21230
> =		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23 April6, 1981	"Holy (ross (emeter)	d l	Mary	- 00 010
2/80	24 F	UNERAL DIRECTOR Cully Funeral	Home, 237 E. Pato	ipsco Ave. Balto. AF	TE REC'D. BY REGISTRAR 256. REGISTRA	RAR'S SIGN	Marchy

The same that the second of th production to the second second

STATE OF MAKTLAND

		.5 SIME		
	APRIL TO ATTACK	an Alle		
2510 MA 123.1.1	Marie Acres	780	ALLEGE V	
Lister dw			BRU INVA	
TE NUTURINE AL . N. 103			OWALLEAS	
ione Hare Docker, Seren-Seren, Carle			and a supple a sil	

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

\$2 Product Shares

1					STATE OF MARYLAND	2	
0		1.	FOR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE B	0 9 8 6 3
	1	'	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		1. DE	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
	of the	(TYPE	OR PRINT)	- 11/ - 1	11		1.00
		_	Rober		HUMMER		4-19-81 / 14
	É II	1 SE	A co	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	(銀人)		MALE	WHITE	JAN. 25, 1906	5 75	YRS.
	g III	N BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 18	D DALTIMODE CITY OF	
	deoth.	C	DA DA	YIC A	MARRIED NEVER MARRIED	X BUT	6, 7.
	de de	10 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWED DIVORCED [DALIO, C	MD.
	s ofter d		0 . –	IF NOT IN SUCH FACILITY, GIVE STREE		12g USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
ō		/	SALTO.	LUIHERA!	V HOSPITALTING	MAGICIAI	N RETIRED
21201	hau be	USU,	AL RESIDENCE (IF NURSING HOME)	OTHER INSTITUTION, GIVE RESIDENCE BEFO		Lin. STREET ADDRESS	
LAND	24 h	130.	A	FORD HAVRED	EGRACES NO [510CARB	on St.
¥.	C . C	14 F.4	THER'S NAME	PRES PRANCE	15. MOTHER'S MAIDEN		OIN SO &
AR.	mpletely ond 2 st	5	FIRST	MIDDLE	FIRST	MIDDLE	D - LAST CLOSE
×		V	WILLIAM	- HUMI		VANE	RODGERS
MORE	Pages Pages	160 V	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRES	
N N			NO	351-14	-4523 IRENE	E. PRICE.	SAME
ALT	± 5 5 5 ±		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o) (b) o	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	physici anpaper emavol event, th		PART I. DEATH WAS CAUSE	D BY	ndiego -		STATES ONSET AND DEATH
ST	9000		IMMEDIAT	E CAUSE (o)	my cercia		
RESTON	ndin carb , arr		0387	DUE TO, OR AS A CONSEOL	JENCE OF		-3 CONTRACTOR
EST	death atraumot traumot		Conditions, if ony, which	(b)			
8			gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
3	by by oth		underlying couse lost	(6)			
20	es plant		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PART 1/0
DS,	sign hen to b	Z		, el. l.	mellik.	The solution of the solution o	
RECORDS	y ir T	CERTIFICATION	190 DATE OF OPERATION	TION CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
E	e law no. no perm ne pr	Ö	IN DATE OF OPERATION	THE CONDITION FOR WHICH	OFERATION WAS FERFORMED	200 AUTOF31:	IN CERTIFYING CAUSES OF DEATH?
	E 0 0 0 /	1				YES NO	YES NO
DIVISION OF VITAL	SICIAN: The graphsicial physicial certificate in trial-transit entrol Hygie litem 18 sha	ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY THE HOUR A.M. MONTH D	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
Ö	rySiCIA ding ph is certifi burial-tr Mentol	¥	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
N O	phys ending this cr ie bur nd Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
ISI/	ed and the	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
á	Afre alth alth mark		AT WORK		11-5- 10 5	31 /1-19-	07
	Z - Z S E S			tal) ottended the deceosed from.	. 17	10 9	, 19 , that (J/ (we) last
	to de 2		sow the deceased alive on obove, (M (we) (did) (did-no		, and that in (any) (our) opini	on death occurred on the dat	e and hour and from the causes stated
	IRE hecept		276 SIGNATURE	A A	DEGREE		22c. DATE SIGNED
	Y the ALD Ode Do of Do of Black		5,0010	broke	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 4-19-81
	= 0 = 0	1	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS /	1/	
	FUN The		C. 1082	2 Andry	Luthe	see low	polit.
	TO HOSPITAL retained by t TO FUNERAL should be det with the State		71.8	/ 41-			
	F &	23 a. E	URIAL, CREMATION, REMOVAL	23b. DATE 4 23c.	NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY
	BP	,	BURIAL	APR. 22, 81 H	ARFORD IVIEM. GI	ARDENS -	HARFORD, MO.
	DHMH - 16 50M 1/76	24 FL	INERAL DIRECTOR	11 11 1000000	1259 E	PATE REC'D BY REGISTRAR 2	Sh REGISTRAR'S SIGNATURE
- 1	(VR A 15 (4))	M	TCHELLFUNERI	WHOME LAUDE	MEGRACE MONT	17 T 1901	
		7 7/1	I CHIERI	- TITVKE	المارا المارا المارا		

Made while the street 12 RALLEY LOTH ENDOW HELLINGTON THOSIGING I SEELING The general search town & colonesconstic MILLIAM THE STATE OF THE TRANSPORT No This was a second of the se SERVICE SERVIC The second secon

STATE OF MARYLAND

A. 1724 Branch As Isvoval 1997 0 1994 Balto., Mal. "Matory Moster"

4 1-	FOR STATE				MENT OF H	EALTH		NTAL HY		1	0	9 8	6	5
	REGISTRAR CEASED NAME PE OR PRINT)	FIRST FLOY		MIDDLE E.	EXAMINE	HUI	LAST	ATEOF	20. D	ATE KNOWN OF ESTI-		NTH DA	Y YEAR 1,81	2b, HOUR
3. SE	ale	1. RACE black	5. DATE OF BIRTH MONTH DAY 4 28	YEAR 39	6. AGE (IN YEAR LAST BIRTHDAY 41 YRS	IF UN	DER 1 YR.	IF UNDER 24	4 HRS. 2c. I	DATE NOUNCED DEAD	MON			5 Hos
13 10		a.	76. CITIZEN OF WI			WIDOW		DIVORCED		Baltimore CI				MD.
0	ny or town o Baltimo	re	11. NAME OF HOS LIFNOTIN SUCH FA 2230 E.	Oliv	er Stre	et	ER INSTITUT	ION I		CCUPATION F WORKING LIFE)			KIND OF BU OR INDUSTI	ISINESS
13a. S	Md.	# IN NURSING HOME O.	R OTHER INSTITUTION, GI TY	13c. CITY	OR TOWN 1to.		13d. INSIDE (IT	Y LIMITS? 1:	3e STREET AI 2230	DDRESS E. O	live	er S	t.	
2	George		MIDDLE Hu	rt	LAST		La	ura	NAME	MIDDLE	Hur	t	LAST	
160.	NO NO UNKNO		AED FORCES? war or Dates) y ane cause per line		IAL SECURITY		17. INFORM. Georg		rt	2230		live	er St	
LCERTIFICATION	gave ris cause (a) lying caus		DUE TO, OR (c) CONTRIBUTING TO DEATH		SEQUENCE OF		DR CONDITION (GIVEN IN PART 1	l (0).					
CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR V	WHICH OPERA	TION W	AS PERFORM	NED?	THE		- 78	20	AUTOPSY?	но П
CALCER		OR IG CAUSE OF D	EATH P.M	MONTH	DAY YEAR	21c. HO	W INJURY C	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART I C	OR PART 2)		
MEDICAL	21d. INJURY O WHILE AT WORK		21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET		21f. LOC ST	ATION		CITY	OR TOWN		COUNTY		STATE
	220. I certife death resulte ACTUAL SIGNATURE		e of the remains desi	Accident	ve, held an	Autops de ,	Hamicia TITLE (SPE		Undetermine _MEDICAL E]. DA	ay apinian	4-21	-81
230 81	EXAMINER'S N (TYPE OR PRIN	NAME Mare	garita A.		11, M.I				enn St	reet				
E	Burial UNERAL DIRECT	4	1/25/81		1timor		em.	-		timor			Md &	ATE
	BIRALE	rch F/F	TITC H	1 E.	North	n Av		APR	2 7 19	STRAR 25b. R	STAR	r's sy tya	The same	

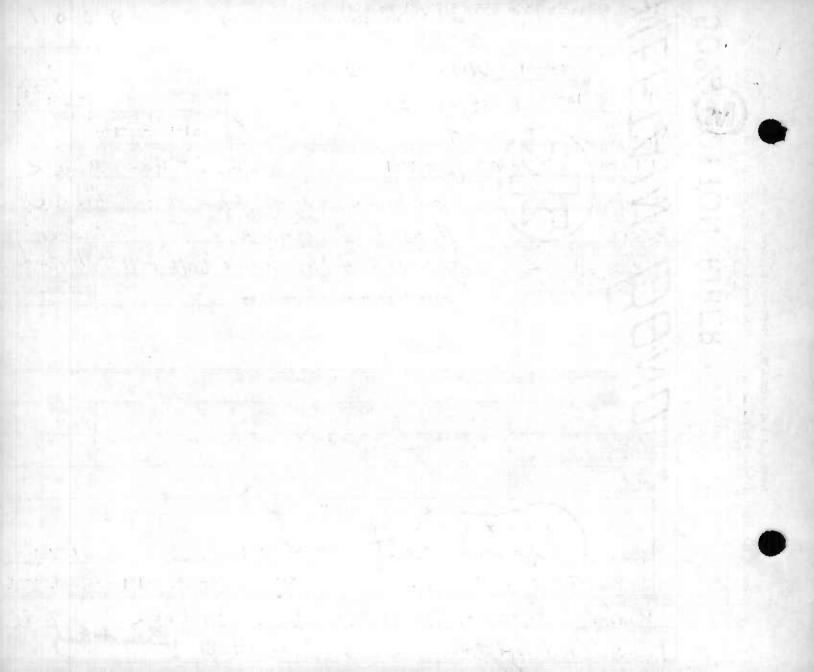
4-21-61 rjoriva . more j. lll leku dureev The state of the s

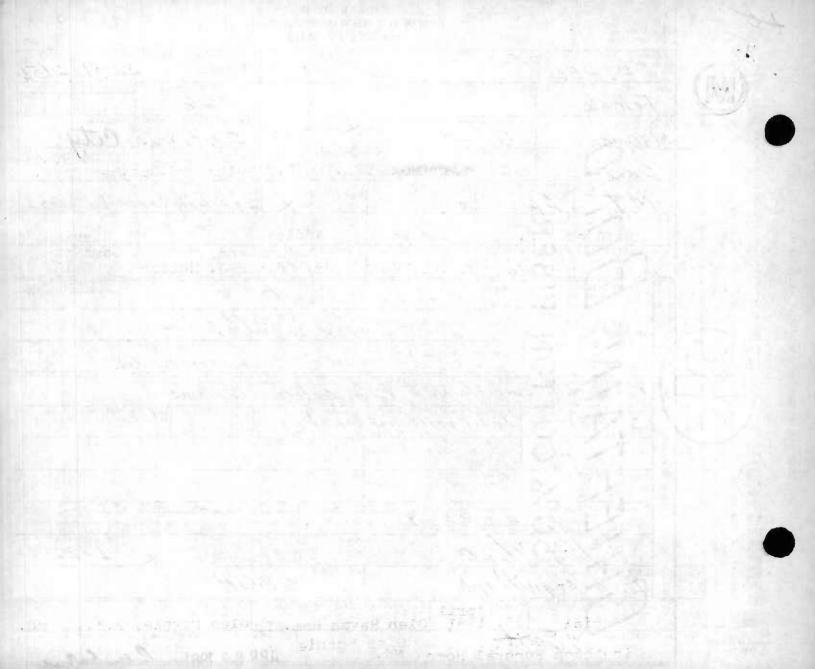
6	FOR 1 - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 1 0 1	9866
	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DATE	Y YEAR 2b HOUR
A State of	REV. JAMES	н.	HURT	APRIL 6, 1981	6:20PM
1(M)	3. SEX Male	RACE Negro	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VA	76 CITIZEN OF WHAT COUN USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	Y MD.
in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Baltimore	JOHNS HOPK	INS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 31	OUAL RESIDENCE (# NURSING HOME OR ITO STATE 136. COUN	NTY 13c_CITY_OR	imore 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS . Hoff	Eman St.
ompletel	Jessie	MIDDLE LAST	Hurt Levert	WIDDLE	Wood
e medico	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		09-7279 Ada Hurt	2317 E. Hoffmar	n St.
equires Lit 18 decils certifate to exected will signed by the ortenting physician and complete. Then please is emoved to buriol, cremation, or removal.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DBY: TE CAUSE (6) DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	Epulminary Arrest EQUENCE OF Stroke	NINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 m.n., 11 days
TAL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	YES NOW YES	
DIVISION OF VITA NG PHYSICIAN; TI oftending physicia filer this certificate os the buriot-tronsi th and Mental Hygi orked or item 18 sh	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE
L OR ATTENDI the hospital or DIRECTOR. A toched for use to Dept. of Heal	220.1 certify that (I) (this hospi sow the deceased alive an above (II)(we) (did) (did no 22b. SIGNATURE		DEGREE ATTENDING	deoth occurred on the dote and hour o	nd from the couses stored 22c. DATE SIGNED
TO HOSPITAL retoined by TO FUNERAL should be de with the Stoti	220 BTYSICIAN'S NAME (TYPE O	erfield	22e ADDRESS John		
804 BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/11/81	23. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	23d LOCATION GITY OR TOWN Baltimore	CO. MD
DHMH-16 30M 2/80 (VRA 15, 4)	Wm. C. March	F/H 1101 E	North Aye. 250 PAI	R 0 8 1981	R'S SIG LATURE

a.

6

	11-	tems #10 FOR STATE	8a-22a F		DEPART	/81 STA	HEALTH .	AND ME	ENTAL H	-		0	9	8 6	7
1	10	REGISTRAR	FIRST		MEDICAL	EXAMIN			CATEO			REG. NO			
PACE TOR. TOR. TURS TURS TURS		CEASED NAME E OR PRINT)	Michae	el V	VARRE	EN	HUS	ast ast		2	G. DATE KI OF DEATH A	E211		22 ₁₉ 8	R 1
THE STATE OF THE S	3. SE.		RACE Black	400	RTH DAY YEAR	6. AGE (IN YE.	ARS IF UND	ER 1 YR.	IF UNDER		C DATE RONOUNC DEAD	ED	MONTH 4	DAY Y	EAR 3d HOUR
	7a. B	RTHPLACE (STATE		76. CITIZEN OI	8 58 WHAT COUN	23 YE				J 9		RE CITY C		22 19 8	
Zā s z	IM	ARYLA	ND	4.3	5.A.		WIDOWE	D 🗆	VER MARRIE DIVORCE	ED 🗆	Balt	timore	e Cit	У	MD.
RE, MD. 21201 EATH. IF ANY DELAY IS NE FR. 1, 2, AND 3 TO THE FU. FW 3. RETAIN PAGE 5. AND 2 SHOULD BE FILED, F. VITAL RECORDS, 201 W.	Ва	ty or town of I timore	/	Provide	ent Hos	pital		r institut	ION	DR M	OST OF WORKING	ATION (TYPI	E OF WORK	Md. D	F BUSINESS USTRY
21201 ANY D AND 3 1 RETAIN HOULD I RECORD	USU. 130. S	AL RESIDENCE (IF	13b COUNT	OTHER INSTITUTION	N, GIVE RESIDENCE	OR TOWN	1.	3d. INSIDE CIT	TY LIMITS?	13e. STREI	ET ADDRESS	laf.		Anan	110
MD. H. IF I, 2, A 3. O 2 SF ITAL	14. F.	ATHER'S NAME		WIDDLE	:/	LAST		S. MOTHE	R'S MAIDE	N NAME	100			11em	
DRE, M DEATH GES 1, M PM AND 2 OF VITA		RED			Hu	550Y		Je	NNI	ie	WIDI	DIE	1	Mac	er
BALTIMORE, S AFTER DEA' GIVE PAGES ITH FORM PI PAGES I AN WISION OF V	166. \	VAS DECEASED E ES, NO, OR UNKNOWN	EVER IN U.S. ARM		16b. SO	4- 92 -	2704	1. INFORM	- Sex	ville	Wal	ADDRESS	1151	May	Hetre.
N ST., B HOURS EM 18. C SNG WII ERMIT. P IENE, DIV		18. CAUSE OF DEAT	DEATH (Enter only TH WAS CAUSED IMMEDIATE	ane cause per BY: CAUSE (a)), and (c).) e intra	venou	is nai	rcoti	Sm					MATE INTERVAL DINSET AND DEATH
WITHIN 24 F WITHIN 24 F NCIL IN ITEN NINER ALON NINER A			if any, which		OR AS A CO	nsequence ()F								
201 W. UTED WI IN PENC EXAMIN IAL - TRA			ating the under-	DUE TO,	OR AS A COM	ISEQUENCE ()F								
CD BE EXECUTED TO BE EXECUTED	NC	PART 2 OTHER SIGNI	FICANT CONDITIONS CO		ATH BUT NOT REL	TEO TO THE TERM	NAL DISEASE O	OR CONDITION	GIVEN IN PAR	RT 1 (a),					
VITAL RESPONDED TO SHOULD SH	CERTIFICATION	19s. DATE OF OI	PERATION	19b. COP	NDITION FOR	WHICH OPER	ATION WAS	S PERFORA	MED?					20. AUTOF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M ATE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH ATE. WORDING," IN PENCIL IN ITEM 18, GVIF PAGES 1, ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM RE PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 1 HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL 10, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		21a. EXTERNAL C UNDERLYING CONTRIBUTING		HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOV	W INJURY (OCCURRED	D (ENTER NA	TURE OF INJUR	LY IN ITEM 18 F	PART 1 OR PAR] NO []
DIVISI THIS CERT WRITING VARDED 'AGE 3 SH 'ATE DEP/	MEDICAL	21d. INJURY OCC WHILE IN AT WORK A	CURRED NOT WHILE AT WORK		CE OF INJURY factory, farm, e		21f. LOCA				CITY OR TOWN		cou	MIA	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE STA BALTIMORE, MARYTAND, 2		22a. I certify t death resulted ACTUAL SIGNATURE	hat I tok charge	Jeoures &	Acident	held on	ide 🔲	Hamici Hamici Deputy	ECIFY)	Undeter	Inquiry [mined man	ner,	d in my api	4/23	/81
MEDIC ECUTE T GGE 4 SI GGE 4 SI GGE 4 SI GENER TER DEA	-	EXAMINER'S NA (TYPE OR PRINT)	we Thomas	D. Smi	th, M.	D.	AI	DDRESS	111 P						.21201
Bb———	1	BURIAL	ON, REMOVAL 23	V-27-	81 M	T. AU.	BUR C	CREMATO	RY	23d. LOC	17/5	non	-		STATE /
DHMH-17 (VR A15 ME (5)) 15M 2/80	7	INERAL DIRECTO	owell	1743	19N.	Schoo	elv	St	APR	2 8 19	egistrar 181	25 C	IRAR'S	FIV, JURE	





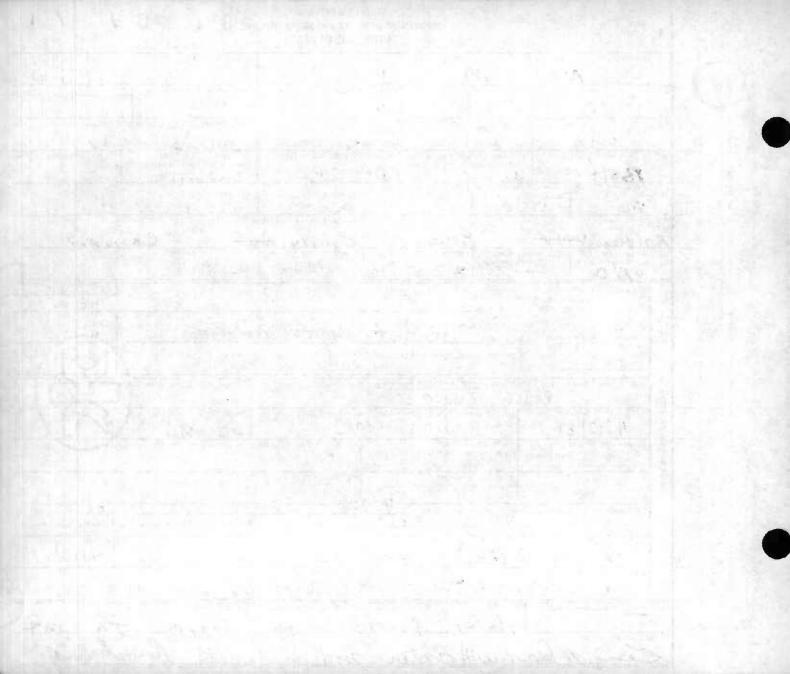
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR 20 DATE OF DEATH DAY I. DECEASED NAME TYPE OR PRINTI 1981 James TOBBI Peter APRIT. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 DATE OF BIRTH 4 RACE 3. SEX MONTHS DAYS HOURS MIN. 12-Male Caucasian 29 17 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland U.S.A. Baltimore DIVORCED [WIDOWED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) S. Baltimore Eaton Street supt. lumber USUAL RESIDENCE (IF NURSING HOMEON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 130. STATE Baltimore 214 S. Eaton Street YES XX NO [15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE Gaetano MIDDLE Tobbi Aiello Mary ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 212-07-828 Mrs. Jerelene Tobbi. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 301 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 200. AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ğ YES [NO [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ā COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital), ottended the deceased from and that if (my) (our) apinian death accurred an the date and have and from the causes stated saw the deceased glive on above (1) (we) (did (did not him) the body after death 22c. DATE SIGNED 776 SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS the St 22d PHYSICIAN'S NAME (TYPE OF PRINT) -AZAROM 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE COUNTY Buria Holv Redeemer Cem Raltimore 24. FUNERAL DIRECTOR DHMH - 16 25M ADDRESS (VR A 15 (4)) 9/74 Zannino, 263 S. Conkling St

1891 .ES ELE.	F-1	ieter Teter	Pennat.
	29 42	_c: imlanous	
Saltimore #1			bein Lygne
teomit. Itamo	ent	210 S. Saton .tw	4 - 21 - 4
a-ards moss .6 AIS		Saltimore	
liets	7.0	Iddall	Charago
nuos , ddoleensi	rel sty	2858-VO-318, I	I WA L BOY
**			
		76	

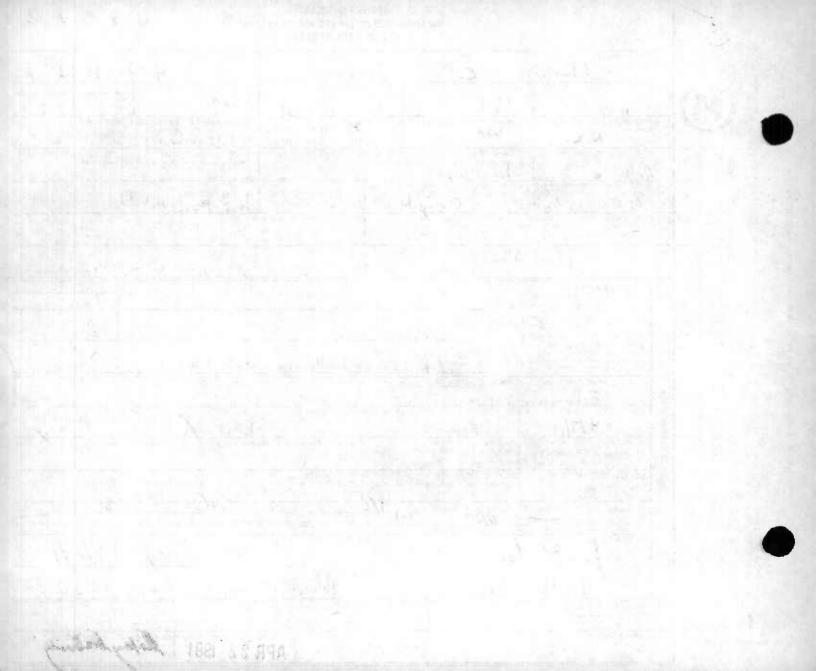
			FOR			DEPART			ARYLAN AND ME	ID ENTAL HYG	IE NE		0 9	3	7	0
	X		STATE REGISTRAR			MEDICALI	EXAMIN	ER'S C	ERTIFIC	CATE OF D	EATH	REC	3. NO.			
			CEASED NAMI	E FIRST		MIDDLE		Ĺ	AST		2a. DA	ATE KNOW		DAY	YEAR	2b. HOUR
30	188.5.	(ITP	E OR PRINT)	Ste	ven	(,		L	reton			OF ESTI-	0 4	9	10 81	
A SE		3. SEX		4. RACE	5. DATE OF		6. AGE (IN YEA		DER 1 YR.	IF UNDER 24 H		ATE	MONTH	DAY	YEAR	2d. HOUR
78	OUR FILES. HOURS TREET,	n	ale	white	10	5 1954	26 YR	Y) MONTHS	DAYS	HOURS MIN	PRON	OUNCED	4	9	19 81	4:11
23	1	s. BI	RTHPLACE (S'	TATE OR	76. CITIZEN	OF WHAT COUN		8	D NEV	VER MARRIED [9. BA	LTIMORE CI	TY OR COU	NTY OF DEATH PM		
W S	20 \$ 500		REIGHCOUNTRY)		1 21.	SH		WIDOWE		DIVORCED		Baltin	nore Ci	Lty		MD.
ISI	O SER		TY OR TOWN		11. NAME O	OF HOSPITAL, NUE	RSING HOME	OR OTHE	R INSTITUT	TION 12a.	USUAL O	CCUPATION WORKING LIFE	(TYPE OF WORK	12b. KII	ND OF BU	SINESS
E	A H S S	A	altimo			SUCH FACILITY GIVE ST LVERSITY	_				IMS	PALLA	NION	ItI		lor
21201 F ANY D	RETAIN COULD SECOND		TATE A	(IF IN NURSING HOME		13c. CIL	OR TOWN		13d. INSIDE (1	TY LIMITS? 13e.	STREET	DRESS /	Hamil	Tan	Pue	ANT. IA
8 ±	2 S. A.	14. F.A	THER'S NAME						IS. MOTHE	R'S MAIDEN NA	AME				77.0	
BALTIMORE, MD.	2 2 3 3 DC	P	FIRST	mes	MIDDLE	IRE	TON		FI	MAR	1/	MIDDLE	Wis	HIE	W.S. K	;
IMO PAGE	SS S S S S S S S S S S S S S S S S S S	16a. V		DEVER IN U.S. AR	MED FORCES	? 16b. SOC	IAL SECURITY	NO.	17. INFORM	MANT		ADD	RESS		0	· · · · · · · · · · · · · · · · · · ·
ALT	ARE PAGE		No			2/3	-66-8	120	6-	Ayle	H.	/Rel	DH		SAM	12
T., I	E, DI		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly ane cause p	per line far (a), (b)	and (c).)			/			25-4	BETY	PPROXIMATE	INTERVAL
N T	A FEN		000		TE CAUSE (a).		le inj		S			L. E.				
EST	>	Candition	os, if any, which		O, OR AS A CON	SEQUENCE C)F									
TIM	RAP E		gave ri	se ta immediate) stating the under	(b),											
201 V	EXAM EXAM ID MEN ION, O		lying cau		(c)	O, OR AS A CON	SEQUENCE C)F								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXECUTE THE CKETIFICATE, WINTING THE WORD "FENDING" IN MENCIL IN TIEM 18, SIVE FACES 1, 2, AND 31 O THE FUN MENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE A LONG WITH FORM 3. RETAIN PAGE 5 RCP. YE FUNDED BE USED AS A BURIAL. "RANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH A FIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRESTEAD AND MARYLAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BUT NOT RELA	EO TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PART 1 (a	1).					
N E	A HE A	CAT	19a. DATE OF	OPERATION	19b. C	ONDITION FOR V	VHICH OPERA	ATION WA	AS PERFOR!	MED?		400	15	20 A	UTOPSY?	,
Z S	8 E 2 E 2 T	E					EST.								YES X	NO 🗆
OF ATE	##9#P3	MEDICAL CERTIFICATION	21a. EXTERNA UNDERLYING	CAUSE WAS	HOU	ME OF INJURY IR AM MONTH BOP.M. 4/9				OCCURRED (EN					1.0	
ON DEED	SAR TO S	CA	CONTRIBUTI	NG CAUSE OF						bottom	of e	levato	or shat	t		
VISI	DEF 3S	Me Me	21d. INJURY C		STRE	LACE OF INJURY SET, FACTORY, FARM, ET			REET			OR TOWN		OUNTY		STATE
THIS	PAG AAR		AT WORK X	NOT WHILE T	cor	struction	n site	500	E. P	ratt St	reet,	Baltin	noreCit	у,		MD
	4 2 5 H 2		220 I certi	fy that I taak char	ge of the rema	ins described aba	ve, held an	Autopsy	XX.	Inspection], Inq	uiry .	and in my	pinian		
- WWW	E E E E	1	death result	ed fram // Natv	rol cours	Accident	XX /50i	rige 🔲	Hamici	ide 🔲 , Ur	ndetermine	d manner [
33	\$ 5 6 5 5		ACTUAL	1/1	X)	100 3/	11	1	TITLE (SF				DATE			
3	SE ATE		SIGNATURE.	Alven	Hamman	D Co	- 2 / V	M.E	ASS	sistant,			SIGN	ED		0/81
WED	IN I	-	EXAMINER'S (TYPE OR PRI	NAME	Hormez	R. Gu	ard M.		DDBECC	TTT	. Penr	Stre	et,Bal	то.,	MD 2.	1201
0	PAGE PAGE	23a. Bl		TION, REMOVAL	23b. DATE	73r N	AME OF CEN		CREMATO	ORY [23e	d. LOCATIO	DN				
BF		10	Rem A	TION	4-13	-1981		viel			CITY OR TOW	BALI	d	YIMU	My	ATE
7/31	DHMH - 17	24. FL	NERAL DIRECT		1.	ADDRISS NO.		1		75a. DATE REC'D			TRAR'S	SICNAT	LIBE	
(VR	A15 ME (5))	E	VANS	tuneral	Chap	eL 886	O HAR	tord	Ko	APR 2	0 19	81 /	and the	MAC	tressly	
15	3111 27 00													_	-	

STATE AND A PART OF THE ABOUT THE STATE OF T , to the start to the start of Resent a. Seed, J. J. L. Com Uges S, J. C. C.

1	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	09871
		CEASED NAME FIRST	WIDGIE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
ed / pe	(,,,,,	Annie	M	Jackson	4	13 81 7:10am
4. GE 7.	3. SE)	Female	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 95	6 AGE (IN YEARS LAST BIRTHO.	YRS.
oth, Page 72 hours	7a. BI	RIHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
e 1 1 1 1	V	UNIN	US/4	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	MD.
1 B8	10. CI	BOLT.	(IF NOT IN SUCH FACULTY, GIVE STR	EET ADDRESS)	(TYPE OF WORK FOR MOST OF W	
LAND 2120) nin 24 hours a hours should be fill	13a. S	TATE 136 COL	OR OTHER INSTITUTION, GIVERESIDENCE BEI		13e. STREET ADDRESS	her St
RY vith	14 FA	THER'S NAME FIRST	MIGDLE 1 LAST	15. MOTHER'S MAIDEN N		LAST
w omple w was	A-	ndrew Willy	. Koss	Emily H	ADDRESS.	Camper
IMORE, no			RMED FORCES? 16b. SOCIAL SE IVE WAR OR DATES)	6 900G JENKINS	, andrew.	
T., BALT Tificate by physicia mosapers moval.		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), ED BY: ATE CAUSE (a)	and (c).) SCOS S		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer ottending ave corba stian, ar re		7070	DUE TO, OR AS A CONSEC	PHENCE OF DECLIVES	CHACAGERE	MNKN.
9 9 4		Canditions, if any, which gove rise to immediate cause (a), stating the	(b) 6V (0)		LUDCESSES,	water 11
by by oth		underlying cause last	DUE TO, OR AS A CONSEC			
ne res	Z	^	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART To
beer mult.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
o o d d o o	E	4/12/81	Decubitu		YES NO	YES NO
ON OF VITAL IVSICIAN: The ding physicion is certificate h buriol-tronsit Mental Hygies		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IT	NITEM 18 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF PLOT OF OF OFFICE OF THE OFFICE OF THE OFFICE OF OFFICE OFFI	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF)	CE, FARM, EIC)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DIN Cal or a OR: Afre ruse as Health	4.1		oital) attended the deceased fro		1_, to9/15	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		saw the deceased alive a above, (I) (we) (did) (did r	in 412 (at) view the body after death.	ond that in (my) (aur) apinia	n death occurred an the date	and hour and from the causes stated
ALORA THE POS ALDIREC TEDEPT.		226. SIGNATURE	B Kasslen -	DEGREE TOUS DEGREE WOATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 4/13/8/
TO HOSPITAL (etoined by the TO FUERAL I should be deto with the State I MAPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e. ADDRESS	\Mayadana0	Hospital
TO FUN should be with the IMPORT	22-	COUNCINC	1 132 DATE	3c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	· (cop) oct,
BP	730.	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	1 -	CITY OR TOWN	COUNTY
140 2 DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR	1112121		ATE REC'D, BY REGISTRAR 251	DEGISTRAR'S SIGNATURE
(VRA 15, 4)	1	1 11 X	DORES	Par mid MA	y 1 1991	without Malberry



5	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B 1 C	9 8 7 2
may be poge 3	{TYP	CEASED NAME CHAPLES	MIDDLE C.	Jackson	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 2 P M
ge 4 m	3. SE	mule	black	5. DATE OF BIRTH MONTH DAY YEAR 1 3	49 YRS	MONTHS DAYS HOURS MIN.
death. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUN	TY OF DEATH CITY MD.
by the filled with	4	Bultinine	(IFMOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	S LIFE) 126 KIND OF BUSINESS OR INDUSTRY
filled in hould be	13a.		TY 13c. CITY OR TO	Mills 134 INSIDE CITY LIMITS?	130 STREET APPRESS	R)
ompletely ompletely ond 2 sh)	Sanders	Jackson Jackson	15. MOTHER'S MAIDEN NA FIRST Susie	WIDDLE	Lawton
be executed on ond comp 's. Poges 1 or emedical ex		No	240-42	2-2933 Anneliesi	e Jackson 30	E. Pleasant Hi
requires that the death certificate in signed by the attending physica. Then please remove corbanapage injury, or ather troumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) A PLUE CONDITIONS CONTRIBUTING TO	JENCE OF Impray combali	atnin fibrillation	I day 3 years GIVEN IN PART TO
The low physician. Trificate has bee diffronst permit foll Hygiene price m 18 shaws ony	MEDICAL CERTIFICATION	198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIEY MEDICAL EXAMINER 216. INJURY OCCURRED	19b. CONDITION FOR WHICH	DAY YEAR 19 21f. LOCATION	YES NO IN CER	
TTENDING prital or att TIOR: After for use as the of Health or After Is an orke	WE	sow the deceased office on obove, (I) (we) (did) (did no 22b. SIGNATURE	1) view the body ofter death. Low	El 1/6 19 81	deoth occurred on the date and h	, 19 hot (I) (we) lost nour and from the sauses stated
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept.		22d PHYSICIAN'S NAME (TYPEO Torother	in Levi	27e ADDRESS Gelvedin et		inn MU 21215
BP	24 F	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	4/25/81 K		23d LOCATION CITYORTOWN Baltimor TE REC'D. BY REGISTRAR 238	COUNTY STATE CO MD
DHMH-16 30M 2/80 (VRA 15, 4)	M	m.March March	F/H 1101 E**	North Aye. AP	R 22 1981	- Bay seemy

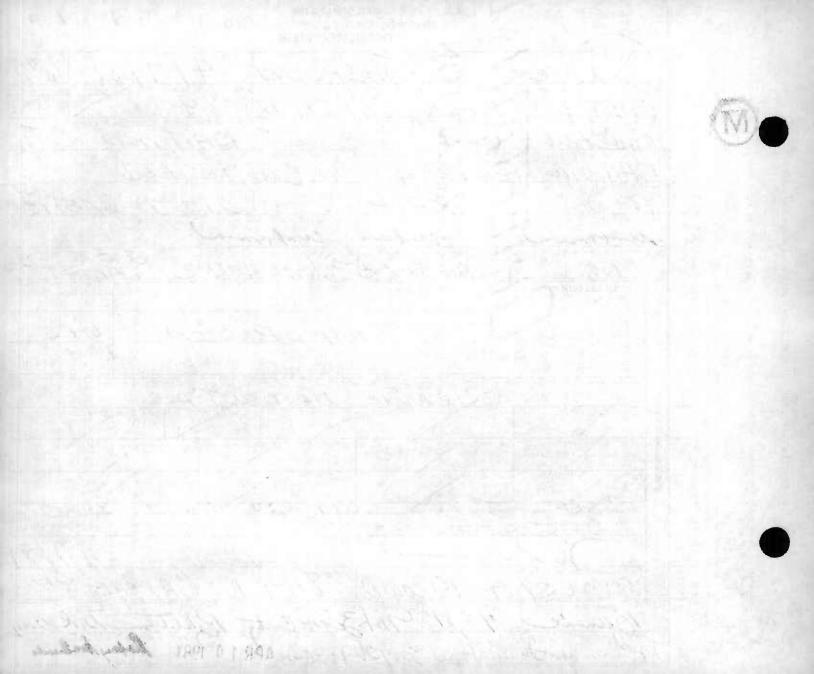


3	1 - STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 9873							3	
7	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT)	MIDDLE LAST 20. DATE KNOWN OF ESTI-					MONTH	26 10 81		
PLEASE CTION FILES FOUR STREET	3. SE)	D I ANE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD.	ARS IF UN	CKSON IDER 1 YR. IF UNDER	24 HRS. 2c. DA		MONTH MONTH		AR 24 H9W
SARY, PLEASE Waldector, You've Files, Walthouses Steen,		male negro	/	0.0	RS.		MIN. PRONOIDE	AD	4	28 ₁₉ 8	
HARRIES TO S	MA	REIGN COUNTRY)	us		WIDOW		ED Ba	Ltimor	e_City	/	MD
DELAY IS 1 TO THE N PAGE 0 BE FILED		Baltimore	41135		Ave.	ER INSTITUTION	12a. USUAL OCC FOR MOST OF W NURS	ORKING LIFE)	YPE OF WORK	0R INDL	ISTRY
21201 AND AND SECOND	13a. S	IL RESIDENCE (IF IN NURSING HOME) TATE 13b. COUN RYLAND	OR OTHER INSTITUTION, O	13c. CITY OR TOWN BALTIMORE	10N}	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS BERT A	AVE.		
DEATH. IF GES 1, 2, M PM 3. AND 2 ST OF TAL	14. FA	THER'S NAME FIRST FARLES	WIDDLE	JACKSON		15. MOTHER'S MAIDE FIRST GERTRUI	EN NAME	MIDDLE	R	HODES	
STON ST., BALTIMORE, MD v 24 HOURS AFTER DEATH. u 101 TIEM 18, GIVE PAGES 1, 2 ALONG WITH FORM PM 2 IT PERMIT. PAGES 1 AND 2 YGIENE, DIVISION OF VITA OVAL.	16a. V	(AS DECEASED EVER IN U.S. AR (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		GERTRUDE	JACKSON	101 1	ss ROBERT	AVE.	
HOURS HOURS FM 18. G NG WII SRMIT. P ENE, DIV		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		e for (a), (b), and (c).) Diabetes mel	Llitu	S				APPROXIM BETWEEN OF	MATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. CATE. WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1.2, CATE. WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1.2, POR. PROFED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2.3. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL. ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	Canditians, if any, which gave rise to immediate cause (a) stating the under	DUE TO, O	R AS A CONSEQUENCE	31						
EXECUTED NG" IN PROCESS OF A BURIAL A AND MEI WATION, C		lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	(c)		1/4	OR CONDITION GIVEN IN PA	RT 1 (a).				
VITAL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	RATION W	AS PERFORMED?				20 AUTOP	
S CRTIFICATE SHOUL RITHING THE WORD." RITHING THE WORD." REA 3 SHOULD BE USER TO FROM TO BE USER TO PRIOR TO BURIAL OF PRIOR TO BURIAL		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PA	YES (X	O NO [
DIVISIC THIS CERTII WARDED T VAGE 3 SH PAGE 3 SH ZATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR	rwor	col	UNTY	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a I certify that I toak char	ge of the remains de		Autop:	, Hamicide	Undetermined	manner	and in my or , DATE SKGNE	4 20	9-81
TO MEDICA EXECUTE TO PAGE 4 SH TO FUNER PATTIMORE		EXAMINER'S NAME AL	nn M. Dix			ADDRESS	1 Penn S	†. <u> </u>	3,314		
Bb——	(5	JRIAL, CREMATION, REMOVAL PECIFY) SURTAL	23b. DATE 5-81	23c. NAME OF CE/		FMFTFRV	23d. LOCATION CITY OR TOWN BALTT	MORE	cou	ARYLANT	STATE
DHMH-17 (VR A15 ME (5)) 15M 2/80	24 F	NETAL DIRECTOR LAME PHILLIPS	1721 NORES	MONROE ST.		MAY	6 1981	RAR 255. RE	GISTRAR'S S	HO Pro	4

FOR 1 - STATE REGIST	RAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 8 7 4 CERTIFICATE OF DEATH REG. NO.						
1. DECE ASED (TYPE OR PRINT)	NAME Elist ZAL	ZAbeth TACKSON			SONTH DAY YEAR	3: 25 PM		
3. SEX	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS			
70 BIRTHPLAC	S. C. 76 CITIZEN		NED NEVER MARRIED WED DIVORCED	PALTIMORE CITY OR	ove Cit	ty MD.		
B9 BA		OF HOSPITAL HURSING HOM	der t	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR		
USUAL RESIDE	MCE (IF NURSING HOME OR OTHER INSTITUT	TION, GIVE RESIDENCE BEFORE ADMISSION 12 CITY OR TOWN	N) 13d. INSIDE CITY LIMITS? YES PO 0	13e. STREET ADDRESS	e Alama	eda		
300 JOE	JAME IRST MIDDLE	Foster	Hattie	WIDQFE		NSON_		
16a WAS DEC (YES, NO OR)	EASED EVER IN U.S. ARMED FORCES JINKNOWN) (IF YES, GIVE WAR OR DATES)		17 INFORMANT DO Willie Ja	ckson	2913 The	alamed		
gove couse underly part 2.	ons, if ony, which rise to immediate	, OR AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	HEART A	Di Star &	la)		
Y	E OF OPERATION 196. CO	DITION FOR WHICH OPERA	UN TER Sie	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [7]	INGS USED S OF DEATH?		
OR CONI		E OF INJURY A.M. MONTH DAY YEA P.M. 1			IN ITEM 18, PART 1 OR PART 2)			
WEDICAL CALL AND		CE OF INJURY E, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
220.1 ce	Control and the control of the contr	ody offer death.	ond that is (m) (our) opinion DEGREE	Marin Tes	22c. DATE	that (I) (we) last ecauses stated		
MA State State ONT AND THE STATE OF THE STAT	SICIAN'S NAME (TYPE OR PRINT)	Thomas	ATTENDING PHYSICIAN [en y	105 P.	16-8/		
23a. BURIAL, C (SPECIFY)	REMATION, REMOVAL 23b. DATE		cemetery or crematory	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
7/77 24 FUNERALI	JRECTOR 47/2	ADDRESS	tus Mem. Pk.	Arbutus E REC'D. BY REGISTRAR 2. D 2) 1981	Sh. PESIS PAR'S SAMEN	Giordy		

AND AND THE PARTY OF THE PARTY Bound The Flames Figure Hartie Stephen

186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRES	1. SES A. RACE S. DATE OF BRTH	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0 S	8 7 5
BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCE	MARRIED NEVER MARRIED NE				S. DATE OF BIRTH	N 4	17/0	8/ OPM UNDER I YEAR SE UNDER 24 HRS
DULAL RESIDENCE IF NUESING HOME OR CHER INSTITUTION OF RESIDENCE DESCRIPTION 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MADE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 WAS CAUSE OF DEATH Enter only one couse per line for Io J. (b), and (c). 17 INFORMANT 18 CAUSE OF DEATH Enter only one couse per line for Io J. (b), and (c). 18 CAUSE OF DEATH Enter only one couse per line for Io J. (b), and (c). 19 ART I. DEATH WAS CAUSED DY. 19 DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 19 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 10 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 10 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 10 DUE TO, OR AS A CONSEQUENCE OF Underlying couse loss. 10 DUE TO, OR AS A CONSEQUENCE OF UNDERLYING OR CONTRIBUTION OF WHICH OPERATION WAS PERFORMED UNDERLYING AUSES OF DEATH? 10 DUE TO, OR AS A CONSEQUENCE OF UNDERLYING OR CONTRIBUTION OF WHICH OPERATION WAS PERFORMED UNDERLYING AUSES OF DEATH? 10 DUE TO, OR AS A CONSEQUENCE OF UNDERLYING OR CONTRIBUTION OF WHICH OPERATION WAS PERFORMED UNDERLYING OR CONTRIBUTED OR CO	SIGNAL RESIDENCE IN NUMBER'S COME OF C	35/	PART TOWN (SIT DEATH	USA	WIDOWED DIVORCED	BAI	Y OR COUNTY O	re CITYMO.
TIBOT WAS DECEASED VER IN U.S. ARMED FORCES? 166 WAS DECEASED VER IN U.S. ARMED FORCES? 167 WAS DECEASED VER IN U.S. ARMED FORCES? 168 CAUSE OF DEATH IEnter only one couse per line for Io.], (b.), and Ic., 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO. DUE TO, OR AS A CONSEQUENCE OF Conditions, At any, which gover rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, Strony, which gover rise to immediate couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. PART 2. OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	90 k		FEDERAL HI	DMISSION) 13d INSIDE CITY LIMI	JT. TYPE OF YORK FOR MY	STOF WORKING LIFE	
18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and 1c.1	18 CAUSE OF DEATH Enter-only one couse per line for Io1, (b), and (c). PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 21a, ACCIDENTANA SUNDERLYING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTION O	300	MAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURI	med link	Programme of the loss	DRESS 12	135 21-
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 1 210. ACCIDENTWAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 210. PLACE OF INJURY 211. PLACE OF INJURY (AT HOME STREET, FASTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDEN WAS UNDERLYING OAUSES OF DEATH OR ON	other troumotic event, the me	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, at ony, which gove rise to immediate couse (o), stoting the	D BY. E CAUSE (0) DUE TO, OR AS A CONSEQUEN (b)	ICE OF HYPER	TENSIO	v Li	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREEL, FASTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AI HOME STREET, FACORY OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CITY OR TOWN 19 22a. I certify that (I) this hospital) attended the deceased from sow the discovered on the date and hour and from the causes stated above (II) we) (did Addid not yet) the body after death. DEGREE 22b. SIGNATURE DEGREE 27c. DATE SIGNED	TIFICATION		Deni	le Der	DEN TENTOPSY?	20b. IF YES, W	VERE FINDINGS USED NO CAUSES OF DEATH?
	sow the discosed alive on the body offer death. 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did radia now year the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION	,	1	
22d PHYSICIAN'S NAME (TYPE OF PRINT) PRODUM 22e ADDRESS HAW N. CARRYS. 23017 23d BURIAL GREMATION, REMOVAL 23b. DATE COUNTY 23d LOCATION COUNTY OF COUNTY OF STATE		B1 4	UNEXAL RECTOR &	ADDRESS ADDRESS		DATE REC'D. BY REGISTE		R'S SIGNATURE



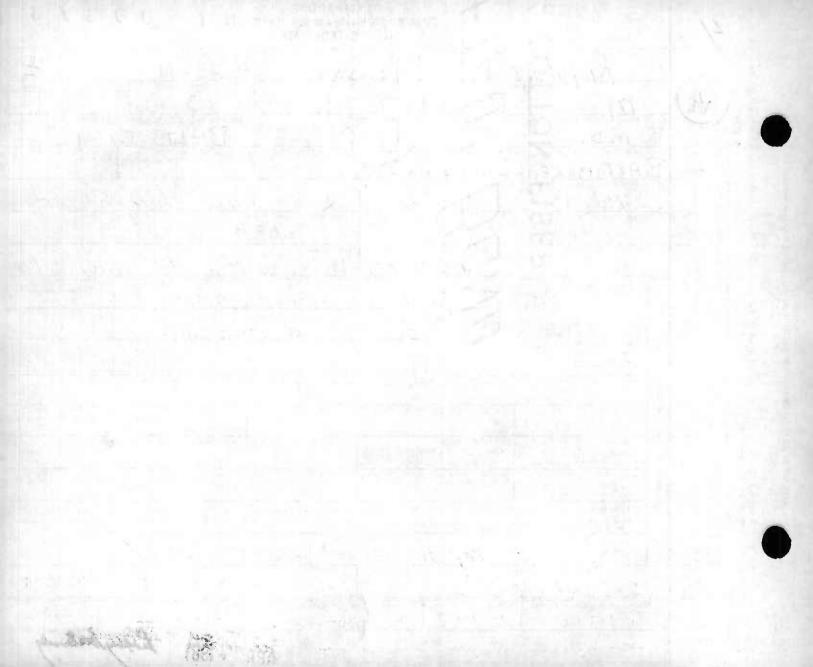
/	1	FOR STATE			DEP	ARTM	ENT OF HE	OF MARYL ALTH AND CATE OF I	MENTAL HYG	HENE 8	1	0	9 8	7 6
nay be page 3	I DE	REGISTRAR CEASED NAME ORPRINT)	He/e	Helene	MIDDLE	J.	Ja	CT	kson	20 DATE	REG. N		AY YEAR	4 16 PM
4 may	3 SE	х	1	RACE			S. DATE O	BIRTH	YEAR	6. AGE (II	YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
96		'emale		Whi			7	16	1913	67		YRS.		
A MI b		IRTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUN	ITRY?	MARRIED	□ NEVER	MARRIED [9 BALTIA	AORE CITY C	OR COUNTY	OF DEATH	
THE SECOND		Germany			.A.		WIDOWE		VORCED		timore			MD.
FF the ed will		altimore	H		HOSPITAL, NI THEACHITY, GIVE NOTE CI	STREET AD	ODRESS)		TITUTION	(TYPE OF W	ork for most on kkeepe	OF WORKING LIFE	INDUSTRY	rance
St ho 24 ho 24 ho fill be fill	USU 13a	AL RESIDENCE (IF NURSI	NG HOME OR O					134 INSIDE C	ITY HIMITS?	1120 STREE	TADDRESS	Co. I		
Se fille		laryland	Balt:		Dund			YES [NO 🖾			y Pla	ins Roa	nd
ER 1 Swithin Swithin Should should	14. F	ATHER'S NAME		DDLE	LAS			IS MOTHER	S MAIDEN NA	ME				
MIN MIN comple		Joseph	mı	OULE	Malk	mus		Ва	rbara		MIDDLE		ZinÎ	and
AAM SXECT OF TO ST 1 and TO ST	16a \	WAS DECEASED EVER I	NUS. ARM		166 SOCIAL	SECUR	ITY NO	17 INFORMA	INT		ADDR	ESS 8306	Bon Ai	r Road
AL EXAMINER SOF		TO OR GARAGWAY	(IF 165, GIVE V	VAR OR DATES	214-0		4.4	Eugen	e Clif	ford			o. MD	21234
AL tificate tificate nysicia appers.		IS CAUSE OF DEATH	Enter anly	one couse per	line for (a), (bi, and	IC's I				,			MATE INTERVAL
RELEASED BY MEDICAL RELEASED BY MEDICAL strending physician. After this certificate has been signed by the attending physician is the burial-transit permit. Then please remove carbon papers, Fith and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event,		Conditions, if ony, gove rise to imm cause 101, stating underlying cause	which ediote g the lost	(b)	R AS A CONS	SEQUEN	ngy NCE OF	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CON	IDITION GIVI	EN IN PART I	
VITAL RECORDS, RELEAS CIAN: The law rec cian. Ifficate has been shins to permit. Then Hygiene prior to m 18 shows any in	CERTIFICATION	19a DATE OF OPERAT	IÓN	196 COND	ITION FOR W	/нісн с	PERATION	WAS PERFO	DRMED	20a AU	TOPSY?	IN CERTIF	, WERE FINDI	NGS USED OF DEATH?
PHYSICIAN BPHYSICIAN B		218 ACCIDENT WAS UNDE OR CONTRIBUTING C.	AUSE OF DEATH		OF INJURY M. MONTH	1 DAY	YEAR	21¢ HOW IN	JURY OCCUR			RY IN ITEM 18, PA	ART I OR PART 2)	
DING PHY ttending ph After this c s the burial- th and Men marked or	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, O	FFICE, FAI		211 LOCATION STREET	NC		CITY OR TO	wn	COUNTY	STATE
hospital or a DIRECTOR bled for use a Dept. of Hear 21 is		27a-1 certify that (I) (I) sow the decease obove, (I) (we) (d) 22b. SIGNATURE	d olive on _			19_		EGREE		MEDICA		ote and havi		
TO HOSPITAL retained by the TO FUNERAL should be detact with the State	22.	224 PHYSICIAN'S NA	v, I	Sie	se	/		22R ADDRES	2/6	Coty	Ha	SP		
	230	BURIAL, CREMATION, I	(EMOVAL	23b. DATE /	/01				CREMATORY	CIT	CATION		COUNTY	STATE
BP	74 E	Burial	-3- D	4/17		Gai	raens	of Fa		F PEC'D B	Y REGISTRAR		ore, Ma	
OHMH-16 25M (VRA 15, 4) 1/79	1	UNERAL DIRECTOR DI					2122	2	APR	1 6 1	1981	front	my hal	heady

4PR 1 6 1991

Hasping Hallmody

4 9 81 1:25		JARSON	SHAT	MAT W
No.	in a	e II	MOAT.	
COLF, CLY	T.I.E	Ä	.A.C.U	ALTINA
	Sali	ITTELL , MV/12 II	VANC, IDO	BALTILIGIAL
COUNTY STATE, CICK	203			(WAIYA)
		01 3303	010 217	SIIX
	100	Est al		
			141	
		aut de la lace	19,3	ISVIENE.
	ε1 ¢.	3-24 81 x	Çelâ .cz	ж
10 A A A A				
		TO PAR		

4	1-	FOR STATE REGISTRAR	DEF	STATE OF N ARTMENT OF HEALTH CERTIFICAT			0 9 8	78
	1. DEC	CEASED NAME FIRST	WIOOLE	LAST		REG. NO	D. MONTH DAY YEAR	R 26 HOUR
oth oth	(TYPE	ORPRINT) KAYMON	.0	TACKSO	N	4-23-8	1	845
1 95	3. SE	4	RACE	5. DATE OF BIRT		6 AGE (IN YEARS LAST BIRT		
- 6 ASM		m	13	10	20 97	83	YRS.	AYS HOURS MIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DUNTRY)	CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
\$ + 14 \$20	3 10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	WIDOWED URSING HOME OR OTH	DIVORCED	120 USUAL OCCUPATE	ON 128 KIN	MD.
10 to the state	B	ALTIMORE	LUTH FRE			(TYPE OF WORK FOR MOST O		
1212 1212 1212 1212 1212 1212 1212 121	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE Y 130 CITY OF	BEFORE ADMISSION)	NSIDE CITY LIMITS?	13e STREET ADDRESS	, , ,	
AND 24 h		Md	Ba	HO. YES	NO 🗆	935 C	herry hil	1 Rd.
MARYLAND 2120 ed surther 34 hours empletaly filled in by ont 2 should be fill economic prout be m	14 FA	THER'S NAME FIRST MI MI	ODLE LAS		OTHER'S MAIDEN NAM	WIODIE		LAST
BATTIMORE. one he execut specion and co apen. Pages I val. t. the medical		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V		94880 N	LAGGIO Jai	ADDRE	ss 35 Cherry	hill Rd.
W. PRESTON ST., of the death certific of the death certific or nemore corbon p or centalion, or rema	2	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCE OF	m on any	eptessmi	9	ROXMATE INTERVAL EEN ONSET AND DEATH
RECOR. no. nos been ne prior ne prior ne prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS	S PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	IDINGS USED SES OF DEATH?
A OF VITAL SICIAN: The ng physics certificate triol transite entral Hygie frem 18 sho	CERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR		
ON OF TYSICIAL ding ph ding ph buriol-th buriol-th Mental	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			EUGEN	
DIVISION DING PHY or oftendii After this e os the bu olth and M morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.)	OCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
E	7	220-1 certify that (I) (this hospito	I) ottended the deceased f	rom		, ta		_, that (I) (we) last
ATTEN spritol CTOR: of for use		saw the deceased olive on obove, (1) (we) (did) (did not)	view the bady after death	, ond that	in (my) (aur) apinion d	leath occurred on the do	ite and haur and from	the causes stated
the hor at DIRE enoched		226. SIGNATURE	wanstoo	DEGRE M/	ATTENDING _	MEDICAL STAF	F _/	ATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL (should be determined by the State (IMPORTANT: #		22d. PHYSICIAN'S NAME TYPE OR	PRINT)	22e /	ADDRESS	1 Las CO 17	-01 N	ADIR AND
TO FUN should be with the		H NAWUZ.Z	0000	14	OINETER	1101/11	nc , 16	NE LEVILI
1 -	23a. 8	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE	231 NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUNTY	STATE
2562BP	24 FL	INERAL DIRECTOR	4/29/81	Mt. Aubu		Baltin REC'D. BY REGISTRAR		W 25 . D.
DHMH - 16 50M 1/76 (VR A 15 (4))		1101 E. North	a Ave. Wm	ss C March F	/H 130	0 2 7 1981	pappy	- arrowy



- STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

13. STRIE 29 OFF Forest St. Lee Alverta Jackson 1129 Forest St. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS 206. IF YES, YERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO D YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE or prinian death occurred on the date and hour and from the causes stated 20 DATE SIGNED DIRECTOR PHYSICIAN 4/28/81 Md. Veteran Cem. Crownsville --- MD Burial BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGI DHMH - 16 50M 1/81 1101 E North Ave. Wm. March F/H (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

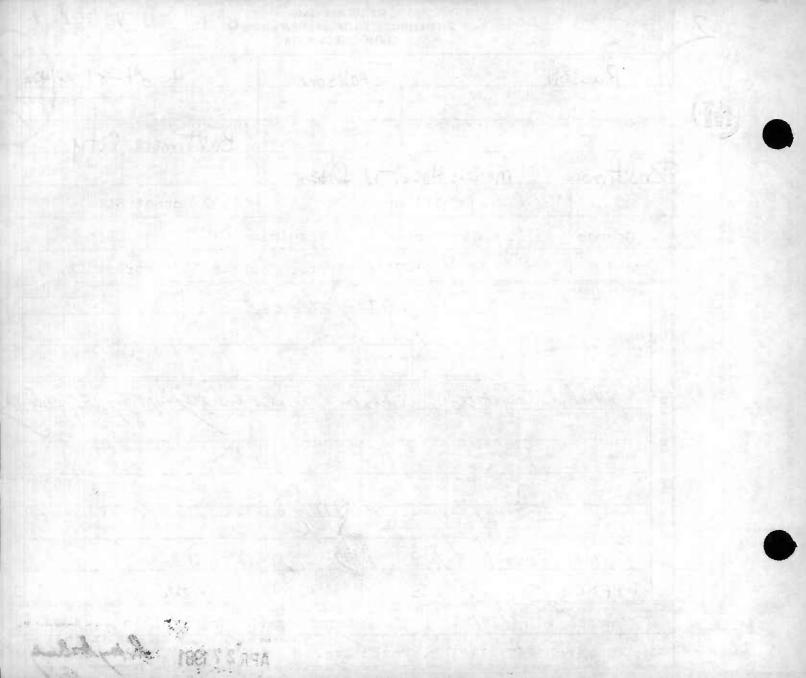
HOURS

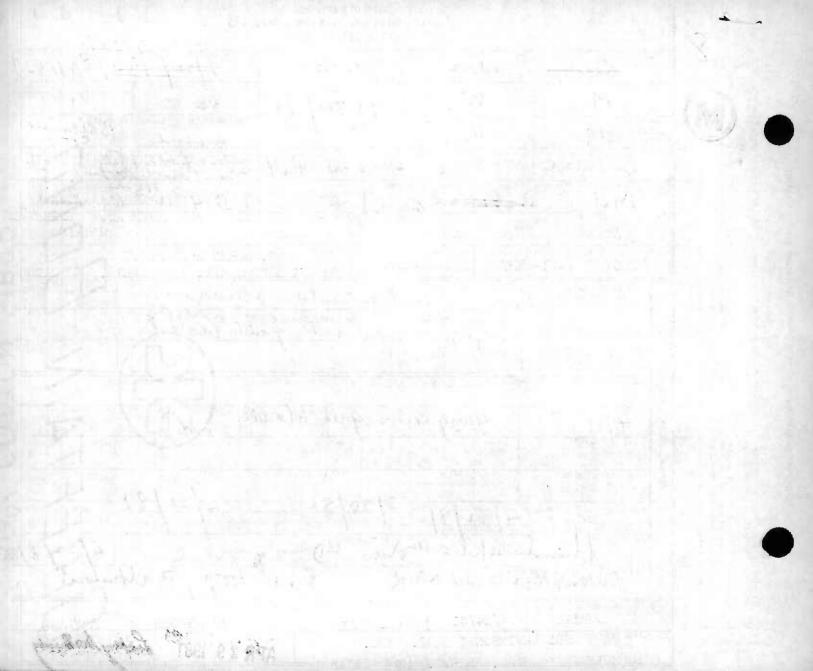
124 KIND OF BUSINESS OR

IF UNDER I YEAR

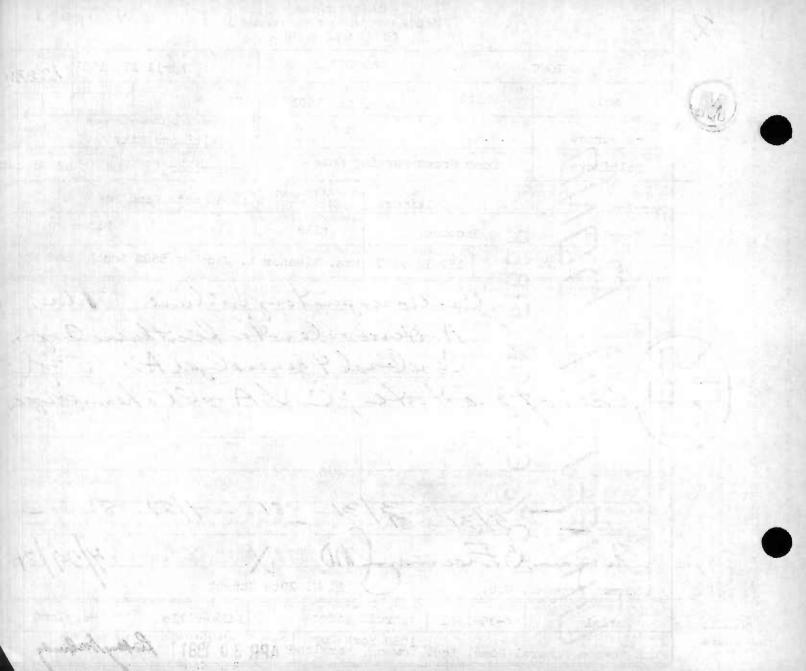
INDUSTRY

20. DATE OF DEATH





STATE OF MARYLAND



Data in Red From	FOR STATE	iloa-22a i		DEPARTMENT	OF HEALT	H AND MENTA			0	9 8	8	2
Hopkins Hospital	REGISTRAR		ME		MINER'S	CERTIFICATE	E OF DEA	TH	REG. NO.			
4-15 RT	1. DECEASED NA (TYPE OR PRINT)	ME FIRST Bab	у	Girl		James		OF ES	OWNED A	MONTH DAY	01	2b. HOUR
SSARY, PLEASE- RAL DIRECTOR. R. YOUR FILES. WIN 72 HOURS ESFON STREET,	3. SEX female	1 RACE black	S. DATE OF BIRTH	YEAR LAST	(IN YEARS IF U BIRTHDAY) MON YRS.			2c. DATE PRONOUNCED DEAD	M	14	17	2d. HOUR 12:45
SE SERVE SE	70. BIRTHPLACE FOREIGN COUNTR	" Md.		SA	WIDO		ARRIED A	9. BALTIMORE Balt	imore		DEATH	PM
S S S S S S S S S S S S S S S S S S S	Baltim	ore	Johns	SPITAL, NURSING ACILITY, GIVE STREET ADD HOPKINS	Hospi		12a. USU FOR M	AL OCCUPATION OST OF WORKING	ON (TYPE OF	WORK 12b. K	IND OF BUSTR	SINESS
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY DEL GIVE PAGES 1, 2, AND 3.TC ITH FORM PM 3. RETAIN, PAGES 1 AND 2 SHOULD BI MINISION OF VITAL RECORDS	USUAL RESIDENCE	TE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY OR TO		13d INSIDE CITY LIMIT		ET ADDRESS	119	E. 25	2121	18
	14. FATHER'S NA	ME	WIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE				
# FS & S S S S S S S S S S S S S S S S S	Pikat		MIDDLE	LASI		FIRST	ione	WIDDLE		Ja	UES	
N S S S S S S S S S S S S S S S S S S S	16a. WAS DECEAS	SED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMANT	a vic	A	DDRESS		4.4.3	
ALTI NE H PAGE 1SIO	No		WAR OR DATES)	N/A		1						
T., BALTIMORE, MD DURS AFTER DEATH. 18. GIVE PAGES 1, 2 3. WITH FORM PM 3 MT. PAGES 1 AND 2 5. DIVISION OF VITA	18. CAUSE	OF DEATH (Enter or	nly ane cause per line	far (a), (b), and (a).)						APPROXIMATE	INTERVAL
N S HOW	PARTI	DEATH WAS CAUSE		bandonme		ewborn				BET	WEEN ONSET	AND DEATH
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18. WER ALONG W ALM STERMIT. AL HYSIER FERMIT. REMOVAL.	196	89		AS A CONSEQUE								100
PRE ANS ANS REAL HIS	Condi	ians, if any, which	(b)									
OR JENERAL W	cause	a) stoting the under		AS A CONSEQUE	NCE OF							7 75
SAL EXA	lying o	ause last.	(e)							4845		
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., R. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAS A SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL INGEINE, D. 2.1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TI	IE TERMINAL OISEA	E OR CONDITION GIVEN II	N PART 1 (a)					
SHOULD DRD "PE CHIEF A	19a. DATE of	OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	/AS PERFORMED?					AUTOPSY?	NO []
O B B C C C C C C C C C C C C C C C C C	21a EXTER	VAL CAUSE WAS	216. TIME O		ZIc. H	OW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY II	NITEM 18 PART			
NO SHIP	UNDERLY II	OR OR CAUSE OF	DEATH P.N	3/14/	% wil	lfull neg	clect					
CETHICATE TING THE WAS SHOULD BEPARTMEN	21d INTURY	OCCURRED	21e PLACE	OF INJURY (AT HO	ME, 21f. LC	CATION						-
ARB ARB	AT WORK	NOT WHILE	at at	home	1		h St.	Balti	more	COUNTY	Md.	STATE
R: T) NTE, ORW R: P/ E ST, D, 2			ge of the remains des	cribed above held	on Autor	sy XX Inspec	otion []	Inquiry		my apinian	1.00	
NO FINANCE A		100	fol couses .	Accident .	Suicide	, Hamicide X		rmined manner		my apinian		
KAAN LD B LD B WITH		1111) (a	Column L.	Soicide	TITLE (SPECIFY)		rmined manner	<u>.</u> .,			
A LOUGH	ACTUAL	JIK-) Ma	10	A	Assist	ant	CAL EXAMINER		DATE	3/15	/81
SEA SEA	and the same of th	7	1		"		MEDIC	LALEXAMINE		SIGNED	7,10	701
A SE	EXAMINER (TYPE OR P		Hormez :	R. Guard.	M.D.	ADDRESS 1	11 Penr	Stree	t.Bal	timore	MD	
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P	230. BURIAL, CREM	ATION, REMOVAL				R CREMATORY	73d 1OC	ATION				
BP		emoval	4/2/81	1/			CITYO	RTOWN		COUNTY	STA	TE
1203 DHMH-17	24 FUNERAL DIR	CTOR	ADDRESS			25a. DA	TE REC'D. BY F	REGISTRAR 25	B REGISTR	AR'S SIGNA	TURE	
(VR A15 ME (5)) 15M 2/80	Anator	y Board	Balto.			APR	1 0 19	81	intray,	Malle	only	

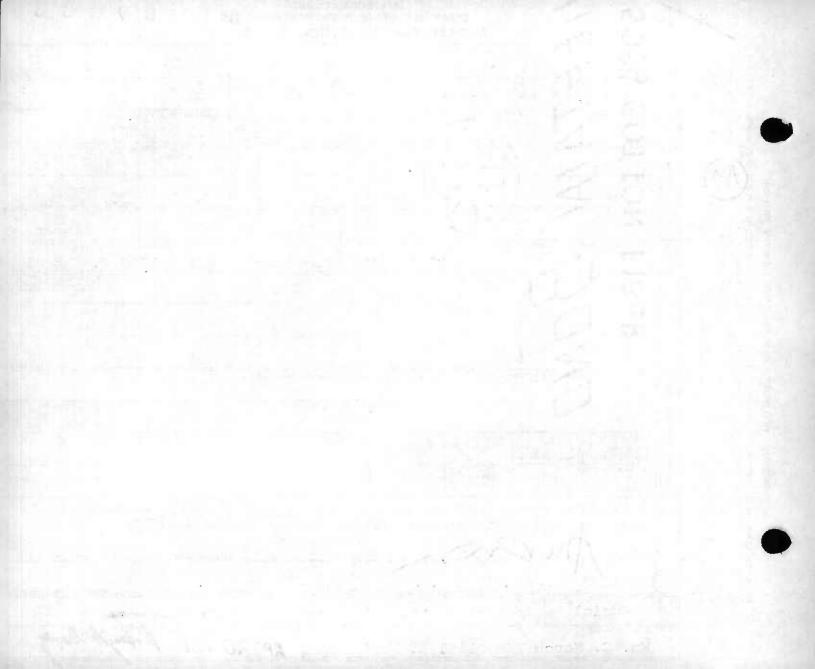
milling 20 35 p

100 Hours of the Company of the Comp

I 1 2

Antony Deard Enlice, Me.

M		FOR			DEPART	STA MENT OF		ARYLAN AND MI		YGI G IE	To sale	0	9	8 8	3	
/	- 20	STATE REGISTRAR	155	ME		EXAMIN	ER'S C		CATE OF	F DEAT	H R	EG. NO.				
		CEASED NAME E OR PRINT)	2 FIRST	1	MIDDLE			LAST			OF EST	1-	MONTH			b. HOUR
ASE OR. LES. LES.		BERT)	ALFRE		ORD			KINS			DEATH MAT	ED 📙	4	15 19	81	М
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	3 SEX	le	negro	5. DATE OF BIRTH	YEAR 15	6. AGE IN YE, LAST BIRTHD	MONT	DER 1 YR.	HOURS		DATE ONOUNCED DEAD	٨	4 4		81	3:20 a _M
SSAL RALL HIN ESTO		RTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUN	ITRY?	8. MARR	EDV NE	VER MARRIE	9.1	BALTIMORE	_			гн	
A S S S S S S S S S S S S S S S S S S S		MD	4	781	USA		WIDOW		DIVORCE		Baltin	nore	City			MD.
100 E	10. CI	Baltimo		11. NAME OF HO 14F NOT IN SUCH F 933 MCA		TREET ADDRESS)	, OR OTH	ER INSTITU	TION		OCCUPATION OF WORKING LI		F WORK	2b. KIND C OR INI	OF BUSI OUSTRY	NESS
BALTIMORE, MD. 21201 S AFTER DEATH. F ANY GIVE PAGES 1, 2, APORT GIVE FORM MM 3 BETTER PAGES 1 MM 2 SE FOUR WISION OF WITAGEN COR	USU/ 13a. S		IF IN NURSING HOME C 13b. COUN	OR OTHER INSTITUTION, C	13c. CITY	BEFORE ADMISSING OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e. STREET 933	ADDRESS McAl	eer	Ct.	M		
AD THE	14. F/	THER'S NAME						15. MOTHE	ER'S MAIDEN	NAME						
TENERSOC		FIRST		MIDDLE		LAST		E	lizab	eth	MIDDLE			Als	tor	1
TIMOR TER DE FORM FST A ON OF	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	Y NO.	17 INFORA			AD	DRESS				
AL PART AND SIGNATURE AND SIGN		No.	(IF TES, GIVE	WAR OR DATES)	217	-14-6	426	Con	stanc	e Je	nkins	170)9 E	. Ch	ape	1 S
S S S S S S S S S S S S S S S S S S S				ly one cause per lin	e far (a), (b)), ond (c).)								APPRO:	XIMATE IN	ITERVAL ND DEATH
ON SI TIEM TIEM TONG PERM PERM GIENE		PARTIDE	ATH WAS CAUSED IMMEDIA	D BY: TE CAUSE (a)	Lung	cancei										
PRESTON ST ITHIN 24 HO CIL IN ITEM H VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		162	9	DUE TO, OI	R AS A CON	SEQUENCE	OF									
WITHIN NCIL IN INER A INER A ITAL HY	-		s, if any, which e to immediate	(b)					ALL I							
S " III > - Z ()		cause (o) lying cous	stoting the <u>under</u> se last.	DUE TO, OF	R AS A CON	SEQUENCE (OF.							1		
E EXECUTED DING", IN PROJECT EXAM DICAL EXAM A BURIAL- I'M AND MEI EMATION, (z	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION	N GIVEN IN PART	[] (a).						
SHOULD BE CHIEF MEDI CHIEF MEDI E USED AS A T OF HEALTH URIAL, CREI	ATIO	19a. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?					I20 AUTO	OPSY?	
WORD " RE CHIEF OBE USE ENT OF H	IFIC													YES		NO X
RTMENT OR TO BUILD	AL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTION			W. MONTH	DAY YEAR	21c. Ho	OW INJURY	OCCURRED	(ENTER NATI	URE OF INJURY IN	ITEM 18 PAR	T 1 OR PART			
SWARDED TO THE CT. PAGE 3 SHOULD BE USTATE DEPARTMENT OF STATE OF	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED	21e. PLACE	OF INJURY	(AT HOME.		CATION		c	ITY OR TOWN		COUN	NIY		STATE
PECULE THE CERTIFICATE, WITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		22a. certif- death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	y that I taak charg d frakn: Natur NAME Ar	re of the remains de ral causes X,	Accident n, M.I	□, s _v		Hamic TITLE (S .D. ASS	istant	Undeterm LMEDICA Penn S			DATE SIGNED	1 11	5-81	
BP	- (Bur		4/22/81	23c. 1	Mt. A	ubur	n Ce	m.		ltimo	-	COUNT	Y	STATI	
DHMH - 17	24 F	NAME		n F/H 1	5 1 0 1	D 17			Zoa. DATE RE	EC'D. BY RE	1981	N. C.	May !	Acs.	toolig	
VR A15 ME (5))		WIII. C	. Marci	1 F/H 1	TUT	E. No	rth	Ave.	H	Jau	1301		/		1	



Wm. March F/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO.

2b HOUR

12b. KIND OF BUSINESS OR

Baker

6F

APPROXIMATE INTERVAL BEIWEEN ONSET AND DEATH

NO M

STATE

MD

COUNTY

COUNTY

22c. DATE SIGNED

DHMH - 16 50M 1/81

(VRA 15, 4)

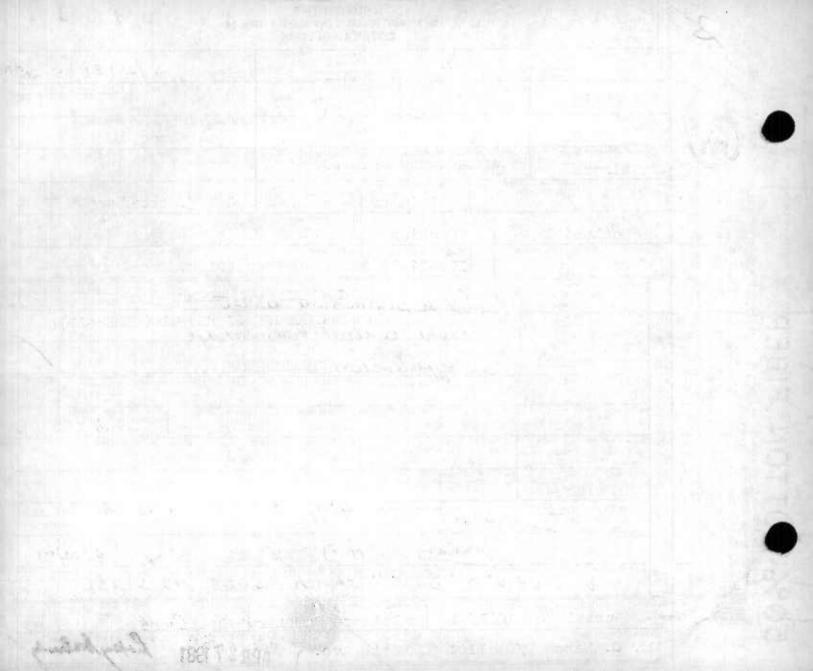
FOR - STATE

REGISTRAR

EIRST

1. DECEASED NAME

24. FUNERAL DIRECTOR



2)	J.	j	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE 8	REG. NO.	0 9	8	8 5
pe	e 3	(1		CEASED NAME FIRST HER.		F.		NING	5	2a. DATE OF	DEATH MO	L 12	81	26. HOUR
You	poge er deat		3. SE		4 RACE		S. DATE C	F BIRTH		6. AGE (INY	EARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
, 4	ector, purs offer			Male	Bla	ck	MONTH 6	10	1908		72	YRS.	VIHS DAYS	HOURS MIN.
Poge	die hou	3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8.	NEVER	MARRIED	9 BALTIMO	RE CITY OR	COUNTYO	FDEATH	
death.	unerol nin 72 of any	22	51-	Maryland	USA		WIDOWE	D	IVORCED		imore			MD.
O)	by the filled with	38		altimore	(IF NOT IN SUI	HOSPITAL, NURS THEACILITY, GIVE STRE TISTY HO	ET ADDRESS)	OR OTHER IN:	STITUTION	TYPE OF WOR	Retire	ORKING LIFE)	126. KIND O	OF BUSINESS OR
212 hour	Pe Je		ÚSÚ, 13a. S	AL RESIDENCE (IF NURSING HOME COTATE 13b. COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE	CITY LIMITS?	13e. STREET	ADDRESS			
AND 11 24	filled hould t	35		Md.		Balto.		YES 💢	NO 🗌		. Frer	nont.	Ave.	
MARYL ed withi	and 2 sh	00	14 FA	THER'S NAME FIRST Howard	MIDDLE	Jennin	σs		S MAIDEN NA	ME	MIDDLE		Majo	r
m, 5	CO L SS I	7		VAS DECEASED EVER IN U.S. A		16b. SOCIAL SEC		17. INFORM			ADDRESS			
IMO e ex	Page medic		(res, no or unknown) (IF yes, G	IVE WAR OR DATES)	219 01	2816	Pear	line Je	nnings	229 S.	Fre	mont	Ave/
., BALTIMOR	physicio nopers noval.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	400	and (c).)	int	27 6 U	nest		- UV	BETWEEN (IMATE INTERVAL ONSET AND DEATH
N ST	ding properties			1699 IMMEDIA	TE CAUSE (a)	R AS A CONSEQ			000	,				
PRESTON he deoth c	ove co			Canditions, if any, which	(b)_		THE OF	m	of 6	gen			TILLE	
Pe of the	remo emot	97		gove rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQ	JENCE OF		140	0			E4-	Valor Fills
201 W	a by eose ol, cr			underlying cause last.	(c)_	met	nto	is	is the	e Wa	MM			
	Then pl to buri		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	e or condit	ION GIVEN	IN PART 16	01
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir	os beer ne prior	1	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTO		NCERTIFYI		OF DEATH?
TAL: The	nsit p	-	ERTI	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c. HOW I	NJURY OCCUR	RED (ENTER NA	NO	YES		NO 🗌
DF V	certificate urial-transi tental Hygi	-7		OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH	DAY YEAR			(2.112.11.11				
SION OF VI PHYSICIAN: ending phys	2 0 5 P		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE	OF INJURY	19	21f. LOCAT			CITY OR TOWN		COUNTY	STATE
DIVISI ING PE	os the		¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC)	STRE			EIIYOKIOWN		COUNTY	STATE
	R. Af			22a.l certify that (1) (this hosp	pital) attended th	e deceased from	3/	29	19.81	, to_4	112	, 19	81	that (I) (we) lost
ATTEND Spital o	for af H		-	sow the deceosed olive o abave, (I) (we) (did) (did n	at) view the bady	after death.	81,01	nd that in (m)	(aur) opinian	death accurre	d on the date	and hour o	nd fram the	couses stated
8 E	DIRE Ched Dept			22b. SIGNATURE	ad 10 02			DEGREE	ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED
TAL O	_ + e -			N. 3. October	103/0			T	PHYSICIAN [DIRECTOR	PHYSICIAL	N D	4/	18/81
O HOSPI etained b	TO FUNERA should be de with the Stat			ANTONIO S		CASSI	AMEGO	22e. ADDRE	s. Gn	eene	st., 13	sacto	·, Md.	,21201
of de	₩ % 3 ≥		23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE	23	. NAME OF C	EMETERY OF	CREMATORY	23d. LOCA	ATION OR TOWN		OUNTY	STATE
7 10 BP.				Burial	4-17-	81 0	Cedar	Hill C		G1	en Bur			CO. Md.
	6 30M 2/80 A 15, 4)			JNERAL DIRECTOR		ADDRESS			25a. DA	TE REC'D. BY R	EGISTRAR 251	. REGISTRA	R'S SIGNAT	URE
(VK)	. (3, 7)		Br	own/Thompso	n F.H.	1913 W.	Balti	more	St. AP	KI 6	931	Market	No. / NO.	Dresoly)

e sit e ticki Jenija. Tenning England Avaious ova diomene . I get terrinet enthes I olis I wie . Date of the contract of the Provide Commence L. E. 1913 V. Earlie Cro S. APR V & 1995 Caranda Monda

DHMH-16 30M 2/80 (VRA 15, 4)

A.V	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	NENE 8	0 9	8	8 6
		CEASED NAME FIRST	R	Paralo	l.	Jester, Jr	20. DATE OF DEATH	4 23	VEAR 81	26. HOUR A
)	3. SE	MAle	4. RACE	Te	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UT	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
33	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		DEATH	MD.
0/6		BALTIMORE	ST AC	HEACILITY, GIVE STREET	ADDRESS)	CR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Mainten	F WORKING LIFE		F BUSINESS OR
35	13a. S	laryland Bali	OTHER INSTITUTION NTY CIMORE	GIVE RESIDENCE BEFORI 13c. CITY OR TOW Catonsv:	/N	13d INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS 6112 Reg	gent Par	k Roa	ad
3()	John Roland	MIDDLE	Jester,		15. MOTHER'S MAIDEN NAM Caroline	MIDDLE		wlsk:	ī
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	216-05-		Mrs. Ruth Er	ney Jester,			Park Rd
y injury, or other traumotic ev	NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b)	R AS A CONSEOUI	ENCE OF	cute lenal		X TAX		
2	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO X	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
1 Mem 18	EDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	M. MONTH D. M.	AY YEAR	Ž1c. HÓW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
orked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC }	211. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
m 21 is mo		22 a.1 certify that (1) (this hosp sow the deceosed alive on above, (1) (we) (did) (did no	4-2	3 10	81. or	nd that in (my) (our) opinion o	death occurred on the d	3 — 19 — 19 — ote and hour on	d from the	
Z		226. SIGNATURE				DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	- 23-81
MPORTAN		Mathew .	OR PRINT)			St-Agnes	Hospital	· Ball	im	INC -
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4/27	/81 L	oudon	Park Cem.	23d. LOCATION CITY OR TOWN Baltimo:			yland STATE
)		uneral director 1630 Name Vitzke FuneralHo						25b. RESSTRAR	SSICHAT	Gready

(17)

YETO ERONDEDA

MALE TAKEN STANK T

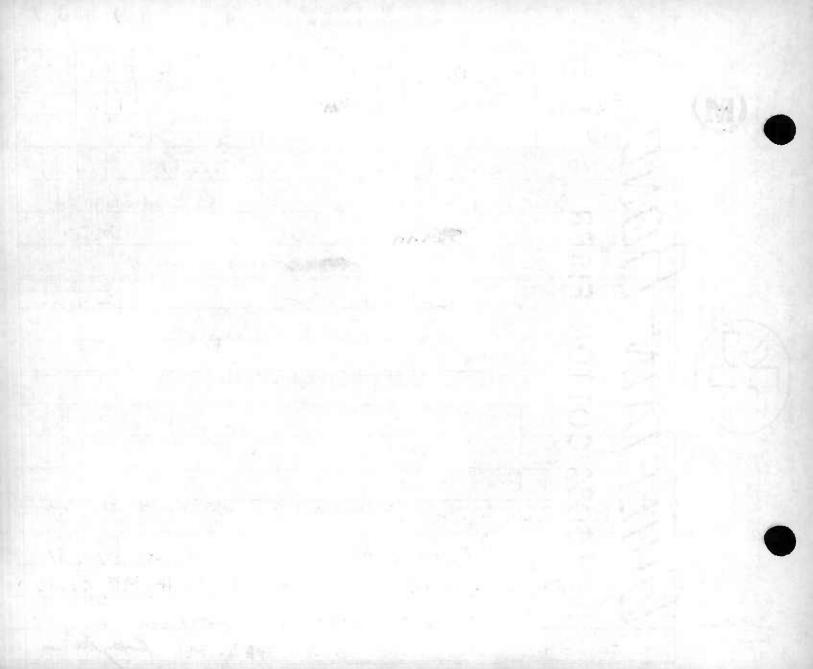
Markey and the property and support

and the second

Talana e

.

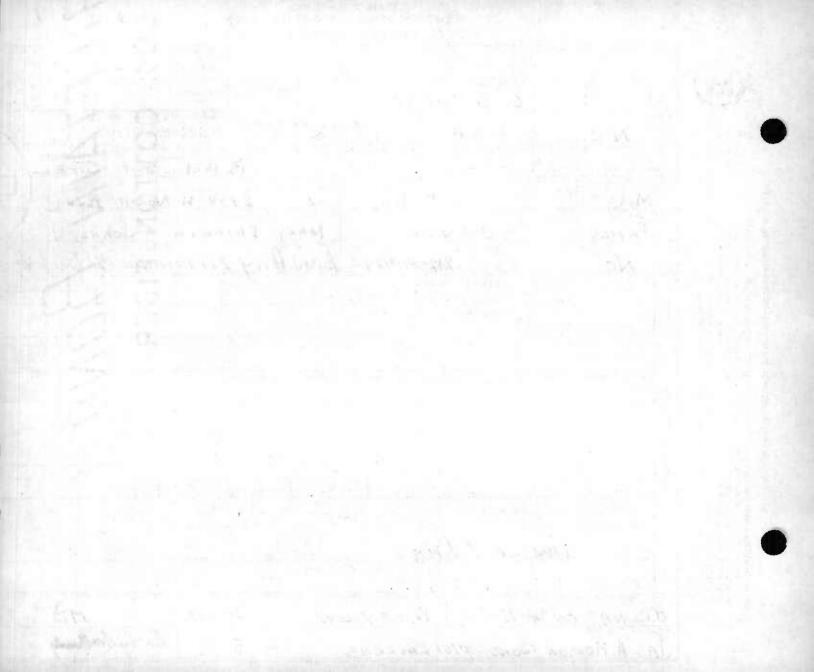
	FOR 1 - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 8 1 0	9887
e €	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) REJCKO		REG. NO. 20. DATE OF DEATH MONTH DAY	
rmoy be	3. SEX 4. RACE	D. Jett Grotheme given to both	A AGE (IN YEARS LAST BIRTHDAY) IF	81 9:25 M UNDER LYEAR IF UNDER 24 HRS NOTES DAYS HOURS MIN.
Poge.	Temale BLO BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF V	VHAT COUNTRY? 8 MARRIED NEVER MARRIED M	9. BALTIMORE CITY OR COUNTY O	5
ter death: within 7	(IF NOT IN SUC)	WIDOWED DIVORCED OSPITAL, NURSING HOME OR OTHER INSTITUTION	Bat. Gty 12a USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE)	MD. 126. KIND OF BUSINESS OR INDUSTRY
hours of d in by the filed	Balt, MV SIV	ON HOSPITAL GIVE RESIDENCE BEFORE ADMISSIONI	(Infant)	(Infant)
rytand 24 little control of the cont	14. FATHER'S NAME FIRST MIDDLE	Bat Cty YES NO 1 15. MOTHER'S MAIDEN NAM FRST. 15. FRST.		otown Rd.
icolescond	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Swann Lonetta 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	Driver
BALTIMORE cate be execu ysicion and c opers. Pages wal.	18 CAUSE OF DEATH (Enter only one cause per		tt 4553 Reister	stown Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of ortending physician. We this certificate has been signed by the ottending physician and completely filled in by os the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremotion, ar removal. In and Mental By shows any injury, or other traumatic event, the medical examiner must be in order or them.	1209	ardiopulmonary arrest As a consequence of Probable overwhelming	sepsis	2 homs
RDS, 201 W. P equires that the n signed by the Then please rer rab burial, crem injury, or other	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CO	AS A CONSEQUENCE OF UNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	N IN PART 1(a)
TAL RECOR	19a DATE OF OPERATION 19b. CONDIT	TION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V IN CERTIFYII YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
SION OF VITA PHYSICIAN: The ending physicial this certificate the build-transit and Mental Hygiis and Amental Hygiis and don them 18 she	OR CONTRIBUTING CAUSE OF DEATH HOUR A.A.	A. MONTH DAY YEAR A. 19	ED (ENTER NATURE OF INJURY IN ITEM 18, PART	() OR PART 2)
DIVISION C DING PHYSIC or oftending After this cer e os the burio olth and Menti morked or the	AT WORK	ET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
R ATTENDI or hospital or list mecanism. A had for use lept, of Heal tem 21 is m	27a. I certify that (1) (this hospital) attended the saw the deceased alive on 415 9. obave (1) (we) (did) (did nat) view the body of 27b. SIGNA VIEW.	deceased from 4/5 / n.m., 19 8/25 A.M. 19 4 , and that in (my) (aur) apinion a street death.	to 4/5 9:30 AM. 19 death accurred on the date and hour a	and from the causes stated
0 4 0 00 -	27d PHYSICIAN CNAME (TYPE OF PRINT)	Ranand M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/5/8/
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: #	JOPY S. (230. BURIAL, CREMATION, REMOVAL 23b. DATE	Lanard M.P. Si'nai Hos	23d. LOCATION	7, 21215
2716BP	(SPECIFY) Burial 4/8/8	Mt. Calvary Cem.		CO. MD
DHMH-16 30M 2/80 (VRA 15, 4)		101 E. North Ave.	PR 07 1981	MeGreedy



STATE OF MARYLAND

ALTE V State But ELLE STRATE STRATE STREET IN O WHILE CHANGE enterty live today. Section 1 Comment in wearth for Matter this

-1	500			5	TATE OF A	MARYLAND			0 0	52 8	9
71	FOR - STATE			DEPARTMENT			-		0 7	()	•
1	REGISTR			MIDDLE	IIINEK 3 (EKTIFICATE		KEO	S, NO.		
	TYPE OR PRINT)		WIDDE		LASI		OF ESTI-	_ 4		
2	SEX	I4. RACE	enjamin Is. date of Bir	TA ACE	John			DEATH MATED	MONTH	13 1981	
1			MONTH D	AY YEAR LAST BE	RTHDAY) MONT		DER 24 HRS. 2c.	ONOUNCED	A		14 140
ı_	Male	Black	I CO G	1905 15 WHAT COUNTRY?	YRS.			DEAD BALTIMORE CIT	4	13 1981	
5	FOREIGN COL	INTRY)	u.s		MARR		RRIED	Baltimor	_		
10		OWN OF DEATH		IOSPITAL, NURSING H	WIDOW			OCCUPATION			RUSINESS
VI.	Baltir		(IF NOT IN SUC	H FACILITY, GIVE STREET ADDR	ESS)		FOR MOS	TOF WORKING LIFE)		OR INDU	STRY
-				-2958 W. NO		renue	1004	thlehem	Steal	STEE	
	STATE	13b CC	YTAUC	BA H		134 INSIDE CITY LIMITS			1 0-10	Δ	
1	FATHER'S			13A IT	0	15. MOTHER'S MA		8 VV · / V	ORTH	AVR.	
d	FIRST	5.440.5.2	MIDDLE	LAST		MARY		bet h	10	LAST	,
16	. WAS DEC	MES EASED EVER IN U.S	. ARMED FORCES?	16b. SOCIAL SECL	JRITY NO.	17 INFORMANTA	FILT	ADDR		NN30N	1
	(YES, NO, OR	UNKNOWN) (IF YES,	GIVE WAR OR DATES)	212-09-		Fula 1 Ho	rry 2	. 1	rTSON, (Charle Fai	alle Va.
=	18. CAI		er anly one cause per	line far (a), (b), and (c).		10012	11/20	1 11000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIM	ATE INTERVAL
	PAF	TI DEATH WAS CA	USED BY:	Blunt inju		Head				BETWEEN OF	NSET AND DEATH
	191	682 IMME	DIATE CAUSE (a) DUE TO,	OR AS A CONSEQUEN							
		nditions, if any, w								10-3-3	
1	ca	ve rise to immeduse (a) stating the <u>un</u>		OR AS A CONSEQUEN	CE OF						
1	lyin	ng cause last.	(6)								
1	PART 2 0	THER SIGNIFICANT CONOIT	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).				
1	19a. DA 21a. EX	TE OF OPERATION	19b. CON	IDITION FOR WHICH C	PERATION W	'AS PERFORMED?	COMP.			20 AUTOPS	SY?
	Ě									YES X	NO 🗆
	21a. EX	TERNAL CAUSE WA		OF INJURY	/FAR 21c H	OW INJURY OCCUR	RED (ENTER NATI	URE OF INJURY IN ITE	M 18 PART 1 OR F	ART 2)	
		LYING XXOR IBUTING CAUSE				ubject was	s assaul	Ited			
	CONTR 21d INJ WHILE	URY OCCURRED	71e PLAC	E OF INJURY (AT HOM	E, 21f. LO	CATION		ITY OR FOWN		OUNTY	STATE
1	AT WC	RK AT WORK	IX Ca	rage	295	8 W. Nort		ue,Balti		DUNIT	Md.
			5-	described abave, held o		sy X, Inspec		Inquiry .	and in my a	nomion	
	4 3		Natural causes .	Accident .	Suicide	, Hamicide XX		nined manner	7.	, p.mon	
	acom	it	1	× 0 1		TITLE (SPECIFY)		co monner			
	ACTUA		organia.	Lolan	. AA		ant MEDICA	LI EY AMINED	DATE		-81
7	-		1		/**				SIGN	ieu	
4	(TYPE C	PRINT) VI	rginia L.	Dolan, M.D		ADDRESS	II Penn	Street			
23	a. BURIAL, CI	REMATION, REMOV	AL 23b. DATE	23c. NAME OF		R CREMATORY	23d. LOCA	TION		UNTY 4.C	STATE
	CRE	MATION	4-15-8	/ WES	TVIE	EW	BA	110	CO	MI) .
2	. EUNERAL NAME	DIRECTOR	ADDE	RESS.				GISTRAR 25b. P	GISTRAR'S	S'GNATURE,	
5	JAS.	A. MORTO,	N 1JONS	1701 LAUI	CENS	AP	R 1 5 19	81	The sale	THE PARTY	
-									1	-	



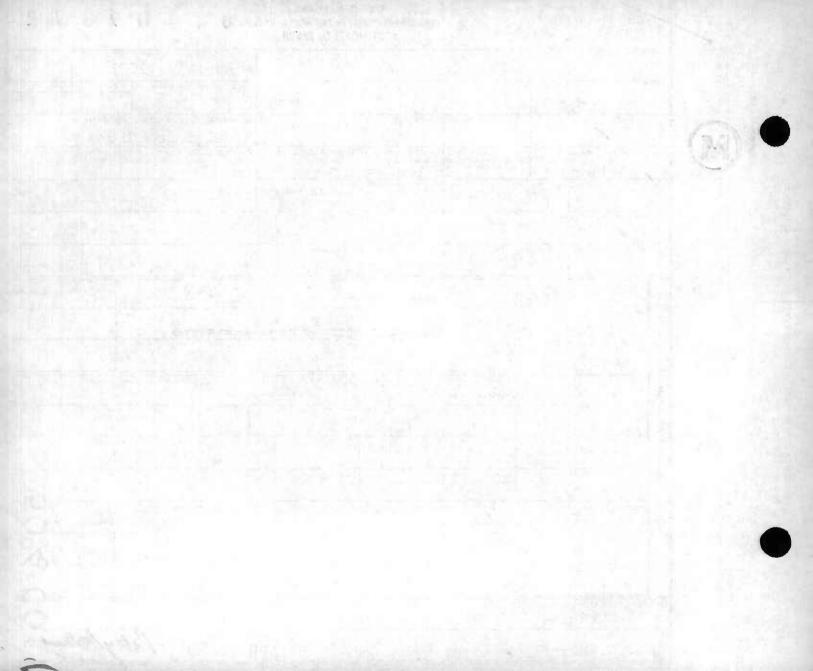
11	1-	FOR STATE		AAF		STAT MENT OF H EXAMINI	EALTH		ENTAL H	-	TH	0 9	8	9 (C
68 E	1. DE	REGISTRAR CEASED NAME FOR PRINT)	FIRST Char		MIDDLE	EXAMINI	Johr	LAST	CATEO		a. DATE KNOW OF ESTI- DEATH MATE	-		YEAR 81	2h HOUR
TON STREET,	3. SEX	ale	4. RACE white	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDA)	S IF UN	DER 1 YR.	IF UNDER :		RONOUNCED DEAD	4 MONTH	24	YEAR 81	3:52 A
3	FO	RTHPLACE (ST. REIGH COUNTRY) irgini		76. CITIZEN OF W					VER MARRIE DIVORCE	ED L	Baltimore C Baltim		NTY OF DE	ATH	MD.
8		ror town o ltimore	OF DEATH	11. NAME OF HO	FACILITY, GIVE	JRSING HOME, street address) Lty Hos			TION	FOR MI	ALOCCUPATION OST OF WORKING LIFE CURITY	(TYPE OF WOR	OR I		ard
5	13e. S		IF IN NURSING HOME O	OR OTHER INSTITUTION, C	13c. CIT	e BEFORE ADMISSIO Y OR TOWN timore		13d. INSIDE CI YESYE	ITY LIMITS?		ET ADDRESS	ir Rd			mery 3
50		THER'S NAME Harles	A. Joh	MIDDLE		LAST		Te	er's MAIDE PRST 1zie	NNAME	MIDDLE ft.on		LA	ST	
1	160. V		EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17. INFORA	TNAM		hnson,	RES Balt 3821]	to,Md Belai	1212 r R	213 2d.
At, CREMATION, OR REMOVAL.	NO	gove rise couse (a) lying cous		(b)	R AS A COI	NSEQUENCE O		OR CONDITION	N GIVEN IN PAR	IT 1 (a).					
1	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPERA	TIONW	AS PERFOR	MED?					TOPSY?	NO []
3			CAUSE WAS OR G CAUSE OF	DEATH P./	M. MONTH	19	21c. HC	W INJURY	OCCURRED	D LENTER NA	ATURE OF INJURY IN IT	EM 18 PART I OR	PART 2)		
	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE E	STREET EAS	OF INJURY CTORY, FARM,			CATION TREET			CITY OR TOWN		COUNTY		STATE
BALLIMORE, MARTINING, 21201 PRIOR 10 BORING.		22a I certification to the solution of the sol	d from: Noty	ge of the remains de roveruses XX Hormez R	Accident	, Suic	M.	Homic TITLE (SI D. Ass	PECIFY) Bistan	Undeter	Inquiry, rmined monner CAL EXAMINER Treet, Ba	ond in my DAT SIGN	E 4/	24/8 01	31
- PA	230.B		ION, REMOVAL 2		23ε.	NAME OF CEM	TERY OF	RCREMATO	ORY	123d. LOC			DUNTY	STA	ATE.
5))	-	neral direct		ral Homo	. Bal	Lto, Md	. 212	213]	250. DATER		registrar 25b	REGISTRAR'S	SIGNATUR	RE	

10312 Or. old Committee and 111 to the committee of the c

81	Ľ	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
ay be		CEASED NAME FIRST DONAL	MIDDLE	Johnson 1	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 3.30AM
ctor, po	3. SE		alhite.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS WAYS HOURS MIN.
	700 B	IRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
1 1/3	10 0	Baltimer	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (17) END OF BUSINESS OR (17) END
within 74 hours	13a 13a	AL RESIDENCE (IF MURSING HOME OF	NIY 131 CITY OF TOV	READMISSION) VN 13d. INSIDE CITY LIMITS? VES NO [130 STREET ADDRESS
b land Sign	14. F.	THER'S NAME Powold	S. Johns	15. MOTHER'S MAIDEN N	ret Bonces 1 LAST
attimone, and construction and construct			RMED FORCES? 166 SOCIAL SEC 219-40-9	227 Debra L. John	son, 35 (hester (incle, G.B.
s that the death certificated by the attending physical cemose carban partial, cremotian, or rema or ather traumatic even		PART I. DEATH WAS CAUSE IMMEDIA Gonditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF and for	bailar truck auch of Cinle of Willix
	TION		Ather	releion Seve	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law rician. The has bee sait permit. Since pria	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
Phys Hiftico Heror of Hy of Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	R) P.M.	AY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DING PHYSIC or attending After this cer te as the buric alth and Ment marked or Iter	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTEN aspital ECTOR: 4 d far us 4. af He		sow the deceased alive on	ital) attended the deceased from 19_ 11) view the body after death.	ond that in (my) (bur) opinion	n death accurred on the date and hour and from the causes stated 22c. DATE \$IGNED
TTAL O by the FRAL DI e detach state De		22d PHYSICIAN'S NAME PYPE	rhelih	ATTENDING	MEDICAL STAFF 4881
TO HOSPIT. TO FUNER, should be divided by with the SIGNAMENTAIN.		Schec	hter	20nth (Baltimore General Acyz
302BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 236. April 11, 1981	Name of cemetery or crematory Glen Haven Mem. Pa	ak Glen Burnie, A. A. O. Maryland
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	uneral pirector	Home \$30 & FARTS	Ave. Balto. Md. AP	ATE REC'D. BY REGISTRAR 25b. RESTRAR'S SUNAPRE

The state of the s with the first of the first state of the first stat 1887 In the interest and the state of the st

STATE OF MARYLAND



1.	FC				D	EPART	ST. MENT OI		MARYLAI H AND M		HYGIEN	E i	n	a	a	Q	~2
	- ST.	ATE GISTRAR					EXAMI						REG. NO	0.	63	/	9
T.	DECE.	ASED NAME	FIRST			WIGDIE	1976		LAST			2a. DATE	KNOWN X	MONTH	H DAY	YEAR	26 HOUR
L			Elm			D.			nson		r.	DEATH	MATED [4.	-7-	1981	M
A I	SEX	4. RA		5. DATE OF	DAY	YEAR	LAST BIRTH		HS DAYS	HOURS		26. DATE	CED	MONTH	DAY	Y YEAR	724.1388
	ma]	HPLACE ISTATE OF	ack	7b. CITIZEN	20	27		YRS.				DEAD	ORE CITY O		-7-		
1	FOREK	SN COUNTRY) MD		i Ciricui		SA	ALKIT		IED 😿 NE	VER MARR	IED		imore	_		DEATH	
10	. CITY	OR TOWN OF DE	EATH		OF HOSE	PITAL, NU	RSING HOA	AE, OR OTI			12a. USU	AL OCCUP	PATION (TYP		12b K	(IND OF BU	JSINESS
2	Ba	1timor	e	132			TREET ADDRESS		d		FOR M	OST OF WOR	KING LIFE)			OR INDUST	KY
	SUAL R	RESIDENCE (# IN N TE MD	13b. COUNT		JTION, GIV	E RESIDENCE	OR JOWN	SION)	13d. INSIDE	CITY LIMITS?	13e. STRE	EJ ADDRE	Ston	ewoo	od 1	Rd.	
T		ER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAID			IDDLE			LAST	
1		Imer		D.		ohns	on	Sr.	N	Mary		Ĉ			Amo		
16	(YES, I	DECEASED EVE NO. OR UNKNOWN) Yes	R IN U.S. ARM	MED FORCES WAR OR DATES)	5?		CIAL SECUR		17. INFOR		2 . 1.	т. 1.	ADDRESS		0.5	G.1	
E	To a						-24-	8894	нел	len S	mitr	Jor	inson	132			ewood
1	- ["	PART I DEATH	ATH (Enter anti- WAS CAUSED	y ane cause BY:	per line f	far (a), (b), and (c).) re di	sord	er						BET	APPROXIMAT TWEEN ONSE	T AND DEATH
		7812	IMMEDIAT	E CAUSE (a)			SEQUENCE		0_				7 50 0				
		Canditions, if		1													
1		gave rise to cause (a) statir	ng the under-	DUE		AS A CON	SEQUENCE	OF									
	1	lying cause las	<u>it.</u>	(c)													
		ART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING T	O DEATH B	UT NOT RELA	TEO TO THE TE	RMINAL OISEA	E OR CONDITIO	ON GIVEN IN PA	RT 1 (a).				-		
	0 10	a. DATE OF OPER	PATION	I tob (CONDITION	ONFOR	WUICH OP	BATIONIN	/AC DEDECO	24502					100		
	CERTIFICATION 12	W. DAIL OF OPER	MINI	170.	LUNUIII	ONFOR	WHICH OPE	RATION	AS PERFOR	MEDY						AUTOPSY	
+	21	a. EXTERNAL CAI	USE WAS		IME OF			21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJ	URY IN ITEM 18	PART 1 OR F		YES XX	NO 🗆
	UI C	NDERLYING ONTRIBUTING	OR CAUSE OF D		UR A.M. P.M.	MONTH	DAY YEA	AR									
	21	& INJURY OCCU	RRED	21e F	LACEO	F INJURY	(AT HOME,		CATION			CITY CO T					45
	A	HILE NO	WORK]	LEI, FACIO	ZOJ, FARM, E	ic.j		arnet I			CITY OR TOV	VN	CC	OUNTY		STATE
		22a. I certify tha		e of the remo	ains desc	ribed abo	ive, held an	Autor	sy X	Inspectio	in .	Inquiry	, an	nd in my a	apinian		-
		death resulted fra	-	al causes 🛚	_	Accident		vicide _	, Hami			rmined mo					
	4	CTUAL	Mar	-	d	. (J . A			SPECIFY)							
+		GNATURE	MULL	ponule	10	RE	me	<u> </u>	Ass:	istar	1 MEDI	CALEXAM	INER	SIGN	IED 4	-7-8	1
2		(AMINER'S NAMI	E M	argar	ita	. A.	Kore	11,	M.D.		111	Penn	Stre	et			
23	a. BURI	AL, CREMATION, IFY) Buria		36. DATE 4/11/	81		NAME OF C				23d. LO	CATION PROPERTY IN	nore	(YTAU	M	D _E
2		ERAL DIRECTOR		•					_	25a. DATE	REC'D. BY	REGISTRA		STRAKS	SINA	RE	
	Wm	. C. Ma	arch E	F/H	110	1 E.	Nor	th A	ve.	APF		1981	MA	My.	and .	Rudy	
I																	

The record and the server traver . The 1881 1881

72		- ST	OR ATE GISTRAR		м		MENT OF H	EALTH		ND ENTAL HYG CATE OF D	3	O REG. NO.	9 8	3 9	4
ASE. E.S. EFT,		ES	ASED NAME OR PRINT) Stell	e 2E	stel)	WIDDLE		John	ast ason	-110	2a. DATE K OF DEATH	NOWN K		17 ₁₉ 81	26. HOUR
NEGESSARY, PLEASE "UNEACDIRECTOR." S FOR YOUR FILES. S FOR HOURS. WHEN IN THE PLESTON STREET,			a1e	4. RACE black	5. DATE OF BIRT	10	6. AGE (IN YEAR LAST BIRTHDAY YR	MONTHS		IF UNDER 24 H	PRONOUNC DEAD	CED	4	17 ₁ ,81	2d HOUR 7:02
NECESS, FUNER S COR. WITHIN W PRES	70	FORE		N.C.		JSA		WIDOWE	D 🗆	211 011 012			imore	City	MD.
DELAY IS TO THE N PAGE BE FILED DS, 2011	46	Ba1	ortown timre			n Hos	pital"		R INSTITU		USUAL OCCUPA FOR MOST OF WORKE		WORK 12b	OR INDUSTR	SINESS
F ANY I RANY I RAND 3 SHOULD SHOULD I RECOR	35	13a. STA	MD	13b. COUP	OR OTHER INSTITUTION, NTY		TOR TOWN	e	YES 🔼	110 0	5119121DRE	. Laf	ayet	te Av	e.
DRE, MD DEATH. GES 1, 2 M PM 3 AND 2.	300	1	TER'S NAME Villi	am		Kelly			E	stelle	AME MID			LAST	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND PITH FORM PM 3: RETA PAGE 1AND 2 SHOUL INISION OF VITAL RECO	4	YES,	00, OR UNKNO		RMED FORCES? E WAR OR DATES)	212	-36-53		Mrs.		ie Mae	Teasd	lall	12 N	Whee:
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUI ROBD TO THE CHIER MEDICAL EXAMINER A LONG WITH FORM PM. 3. RETAIN PAGE 5 RE3 SHOULD BE USED AS BURIAL; TRANIST PREMIT, PAGES 1 AND 2 SHOULD BE FILED. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF YITAL PECORDS, 201 W.	EMATION, OR REMOVAL.		Candition gove ris cause (a) lying cou	is, if any, which e to immediate stating the <u>under</u> se last.	DUE TO, C	DR AS A COL	NSEQUENCE O				ar disea	se			
F VITAL REC RE SHOULD B WORD "PEN RE CHIEF ME O BE USED AS	URIAL, CR	CERTIFICATION	9a. DATE OF	OPERATION	196. CONI	DITION FOR	WHICH OPERA	TIONWA	S PERFOR/	MED?		16	7	20 AUTOPSY?	NO [X
DIVISION OF V S. CERTIFICATE (S RRITING THE W RADED TO THE SE 3 SHOULD BE SE 3 SHOULD BE THE DEPARTMENT	201 PRIOR TO B	MEDICAL	NDERLYING ONTRIBUTION	CCURRED	DEATH P.	OF INJURY .M. MONTH .M. E OF INJURY	19 (AT HOME,	21f. LOC		OCCURRED (EN	CITY OR TOWN		T 1 OR PART 2)		STATE
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IT OF UNLIKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE	MORE, MARYLAND, 21	A S	22a. I certifideoth resulte CTUAL IGNATURE _ XAMINER'S I	y that I took charded fram: Note	ge of the remains of	Accident	O. Suid	M.D	Hamici TITLE (SI	stant A	determined man	ner ,	SIGNED	4/18/8	1
TO M EXECT PAGE TO FL	BALTI	(T	YPE OR PRIN	ION, REMOVAL	23b. DATE	23с.	uard,M.	TERY OR		ORY 23d	nn Stree		county CO		NE NE
1604 BP			Burj eral direc m. C.	TOR	4/24/81 F/H ^{ADD} 1		Mt. Ca		12	Sa. DATE REC'D	Bartin By REGISTRAR 22 1981		APS SIGN	hek	5

IS CUA I En Je da ans. in the test

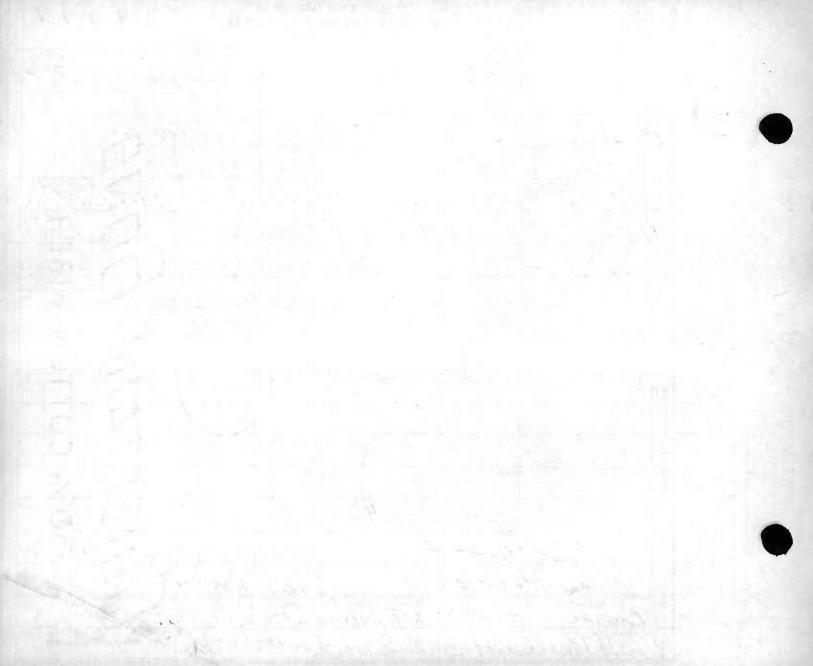
	,	FOR STATE 6-9-81 al		MENT OF HEALTH AND MENTAL	HYGIENE B	0 9	3 9 5
/		REGISTRAR		CERTIFICATE OF DEATH	REG. N	ò. 7	distration
N/A		CEASED NAME FIRST	MIDDLE	TAST	24. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
page	3 SE	trug	ENIA IVI.	Is date of Birth	6. AGE (IN YEARS LAST BIRT	HDAY) FUNDER I Y	EAR IF UNDER 24 HRS
42	, 50	FEMALE	BLACK	MONTH - DAY - YEAR 17 - 17 - 03 - 17	70		HOURS MIN
Z d at		RTHPLACE (STATE OR FOREIGN DUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
	10 (TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED		717 X	MD.
St. De n	10 0	BALTOCHY	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) GEN HOS	(TYPE OF WORK FOR MOST C		IRY SINESS OR
d be fit	USU.	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 131. INSIDE CITY LIMIT	S? 130. STREET ADDRESS	Har A	IPT ST
shou	14. F/	THER'S NAME		15 MOTHER'S MAIDEN	NAME	2110	
olical of		OSCAR	HOTTY	ARlitte	MIDDLE	5mi	Fle
ages 1 ar		AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (# YES, GIVE	WAR OR DATES)	28/7 Flora L. a	MANUAL 1521	11 Alasta	Que.
val.		IN CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), on	7	DRINCI 1607 C	APP BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
remo		PART I. DEATH WAS CAUSE IMMEDIAT	ECAUSE 10) CARDIO-R	ESPITORY AR	REST		Im'
on, or traum		9100	DUE TO, OR AS A CONSEQUE		20170N		HOCL
emati		Conditions, if any, which gove rise to immediate couse (a), stating the		(Dec)	A	AILURE	1123
5 6		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	RESPIRATORY	DISTRESSSY	DOOME	DAYS
to burial,	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(a)
shows an	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED NOT OF right lui	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED SES OF DEATH?
ygien 18 sh	ERTIF	21a ACCIDENT WAS UNDERLYING	TAIL		YES NO	YES 🗆	NO 🗆
and Mental Hygiene irked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	CORRED (ENTER NATURE OF 1110	KI WIEMIS, PARI I OKPARI	4)
ked or	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	VN COUNTY	STATE
th th	2	AT WORK AT WORK		1/2/	4 11	10/ 0	/
of Heal n 21 is		278.1 certify that M (this haspit saw the deceased alive an	ol) attended the deceased fram	8 and that in (mg) (qur) opi	nion death accurred on the d	19_0	L, that (I) (we) lost
Dept. o		saw the deceased olive on, obove, (I) (w) (did) (did and 22b. SIGNATURE	view the byldy ofter degth.	DEGREE		100000000000000000000000000000000000000	ATE SJONED
		Sug	harpenby	A ATTENDIN PHYSICIA	MEDICAL STA	FF IAN D	4122/81
with the State I		27d. PHYSICIAN'S NAME (TYPE OF	- LURNKIB	270 ADDRESS	SH 1 -	0	1
shoul with	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 4 /27 /8/ D	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION CITY OF TOWN	COUNTY	M STATE
-16 25M	24. FL	INERAL DIRECTOR	ADDRESS		DATE REC'D. BY REGISTRAR	256. PEGISTRAR'S SIGN	VATURE
, 4) 1/79	11	MC. BROWN 120	6 W. North Ave		PR 2 4 1981	many	Course of the Co

All in the second of the second of the second Carried the same tensor beautiful and a AND THE PART OF TH Course telly tellities with CAST TO THE SALE OF THE SALE O and a land of the contract of the Being The Bell the town salls Inter L. M. B. and R. M. Carthalle Ph.

STATE OF MARYLAND

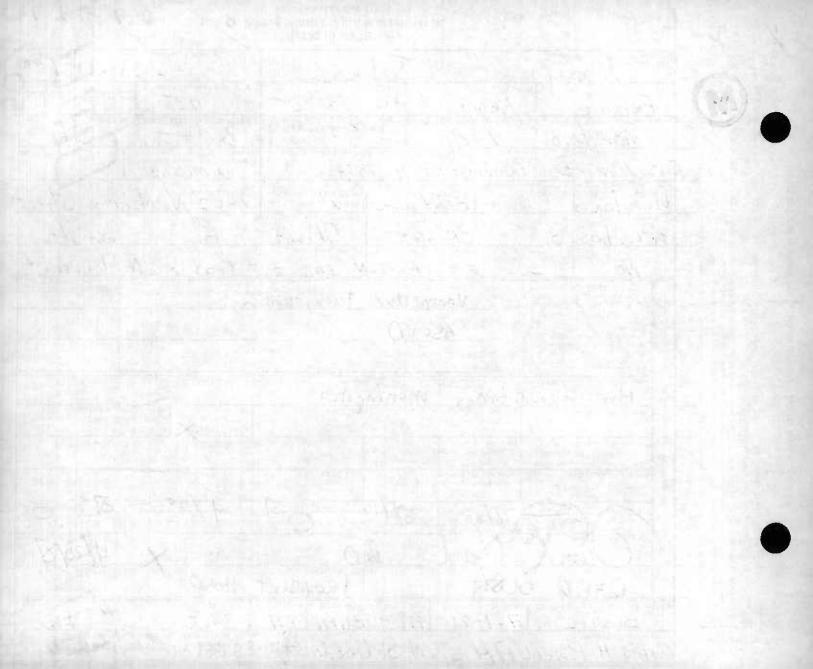
MARINE CALL TO STORY SAIN DALTE GEES SAMMES THAT HESP & TETTLES SING WILLIAM AD ST. T. T. TO GIAS ESCHALE ED. GENER JOHNS LHIMA STEEL Some Sale Property and American State of the Commission of the Com A STATE OF THE STA The state of the s

7	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0 9 8	3 9 7
9 C 4		CEASED NAME FIRST	MIDDLE	Johnso	AST	20. DATE OF DEATH	AONTH DAY YEA	2b HOUR
oge 4 may be	3 SE)		4 RACE		DE BIRTH	6. AGE (IN YEARS LAST E		YEAR IF UNDER 24 HRS
a g	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	T COUNTRY? B MARRIE WIDOW	DE NEVER MARRIED DED DIVORCED	Bul	fo City	MD.
softer of the full filed with a notified		By/to.	(IF NOT IN SUPPLEACE	PITAL, NURSING HOME (BLITY, GIVE STREET ADDRESS)	DK OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
ND 213	USU /	RESIDENCE (IF NURSING HOME OF TATE 136 COUL	ROTHER INSTITUTION, GIVE NTY	RESIDENCE BEFORE ADMISSION)	13d. INSIDECITY LIMITS?	13. STREET ADDRESS	GaRRIS	on Are
, MARYLA ompletely f l and 2 sha	14. FA	THER'S NAME DWEN	WIDDLE 7	2. HoN	Beat R	Pice MIDDLE	Cam	pbeil,
TIMORE, be executed on and control on the control of the control o		(IF YES, GI	RMED FORCES? 16b.	SOCIAL SECURITY NO.	Mr. Willia	y Johnson	RESS 1	Garrison Are
RDS, 201 W. PRESTON ST., BALI equires that the death certificate in signed by the attending physicia Then please remove carbon paper to burial, cremation, or removal.	ION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DETO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	Hu Black	RMINAL DISEASE OR CO		PROXIMATE INTERVAL WEEN ONSET AND DEATH
TAL RECORDS The low required has been signification. The permit. They gliene prior to be shown only injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO
> z z z z z z z z z z z z z z z z z z z	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	IURY MONTH DAY YEAR 19	21c. HOW INJURY OCCL	IRRED (ENTER NATURE OF IN.	JURY IN ITEM 18, PART 3 OR PAR	T 2)
VISI The the the cond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR 1	OWN COUNT	Y STATE
TTEND: A TOR: A for use of Heal is m		22a.l certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	4/2/	19 11 8	nd that in (my) (our) opinia	n death accurred on the	, 19 date and haur and from	. that (I) (we) last the causes stated
SPITAL OR AT A by the hose NERAL DIREC be detached if e Stote Dept. (276 SIGNATURE	ill		DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF _	PATE SIGNED
TO HOSPITAL OF retained by the TO FUNERAL DII should be detach with the State De IMPORTANT: If it		Allen /	//////	man	220 ADDRESS	i Huspit	x/	,
700BP		URIAL, CREMATION, REMOVAL	4 · 27-	81 MT A	EMETERY OR CREMATORY	M. DOCTION	& county	
DHMH-16 30M 2/B0 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME AS . A PONCL	LFIH.	3, ADDRESN . Sc.		PR 2 9 1981	R 25h STEARS	and the same

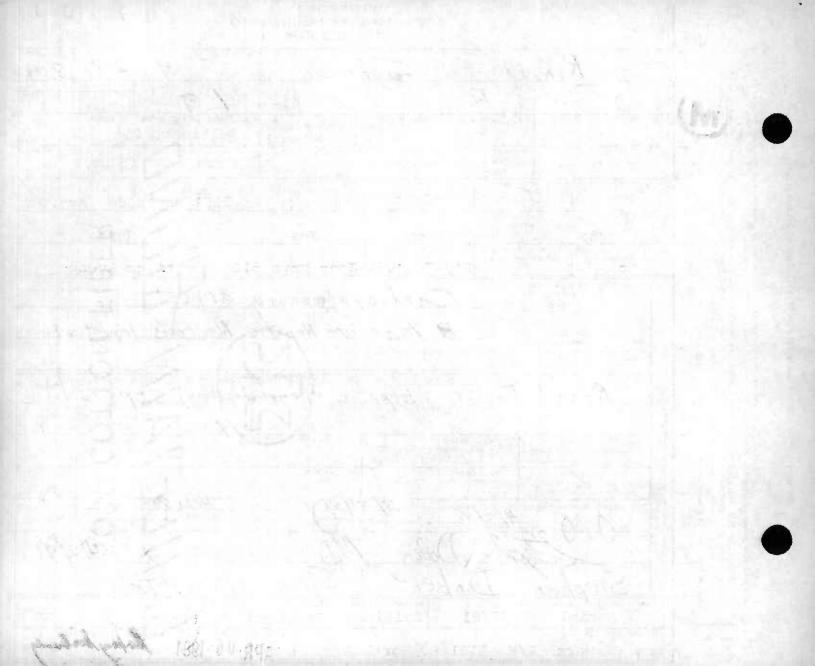


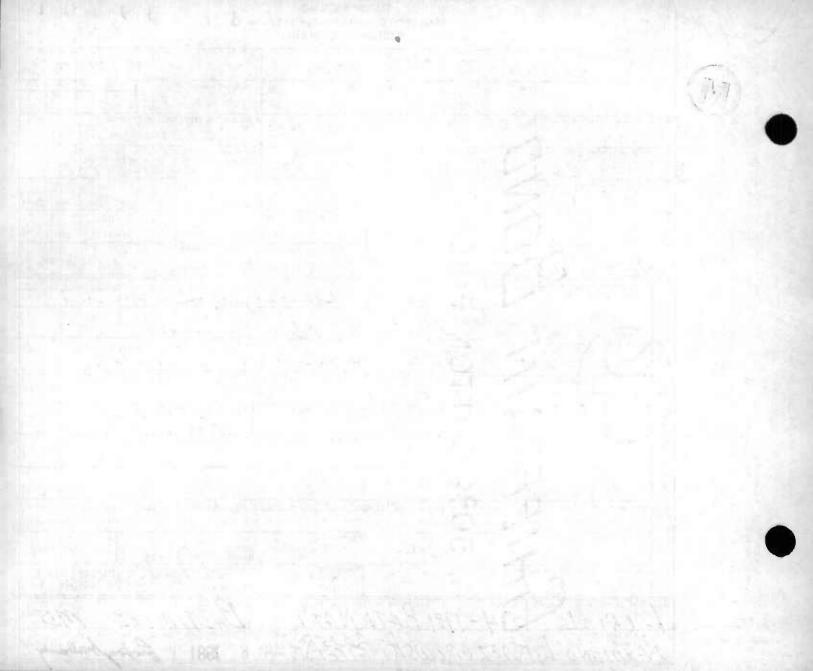
STATE OF MARYLAND

	1			STATE OF MARYLAND	4% 4	00299
1/ 1		1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	GIENE O	0 4 0 1 1
X Y		1	REGISTRAR	CERTIFICATE OF DEATH	REG. NO	
	1	1 DEC	CEASED NAME FIRST	MIDDLE		AONTH DAY YEAR 26 HOUR
a c f		TITPE	OR PRINT)	Solver son.	4	= 28 -81 / Am
you a	1	3. SE>	75,0000	4 RACE / S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
Page 4)		Female	Negro 9th 23 OST	75	YRS DAYS HOURS MIN
			RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ■ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY OF DEATH
eath.	155		Maryland	WIDOWED DIVORCED	Balto	MATE CITY MO.
her d	ed	10/1	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PHOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. USUAL OCCUPATIO	
by the	137	13	altimore	TROVIDENT HOSPITAL	DOMES	
212 haur lin l	e e	USUA 130,4S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN			1 11 01 .
AND 24 h	33	1/1.	ary and	ISCITY OR TOWN IS INSIDE CITY LIMITS?	13e STREET ADDRESS	Monroe Street
rthin tely 2 sh	in e	_	THER'S NAME	15 MOTHER'S MAIDEN NA	ME Of	
	200	K	ev. Chas. S.	MIDDLE BRIGGS DERST	WIDIOLE	CY LAST
RE, A			AS DECEASED EVER IN U.S. AR		ADDRES	SS (
	medica	(Y	ES, NO OR UNKNOWN) (IF YES, GIVI	= RIS-14-0172W ImogEN	IF KOSS 18	02 N. Mourae St.
T., BALTI	t, the		18 CAUSE OF DEATH Enter or	nly one couse per line for (o), (b), and (c) D BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: + + 0 0 5	even			DBY: Ventrodar Tachycard	16	
No S	atic		4292	DUE TO, OR AS A GONSEOUENES OF		
ESTC deat deat ave c ritan,	E O		Conditions, if any, which	ASCVI)	STATE OF THE REAL PROPERTY.	
the certain email	er tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
₹ 5 × 5° 5°	oth		underlying cause last.	(c)		CICI KELELE
5, 201 ires th gned to n pleo burial,	γ, α		PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	OITION GIVEN IN PART 1(a)
D se si	olu,	CERTIFICATION	Hypothuva	pidism. Menincitio		
aw re beer rmit.	ou o	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
NL RE la	São d	TIF			YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
ON OF VITA HYSICIAN: Il ding physici is certificate burial-transi Mental Hygi	8	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2}
PHYSICIAN: ending physic this certifical the burial-tran	tea 4	AL	OR CONTRIBUTING CAUSE OF DEA			
HYS HYS of the burner of the b	b /	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION		
DIVISION PHER THE After the as the life and	ked	2	WHILE IN HOT WHILE IN	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
0 0 9 0	a a		72s Leetify that And hosp	turn attended the deceased from 10 /1(c 19 X)		19 that (IVAWE) lost
R ATTEND haspital a RECTOR: Jeed for use ppt. of Hea	21 is		saw the decrease place on obove. (I) No i did vald va	(via the body after death 19 ond that in (my) our) opinion	death occurred on the dat	te and hour and from the causes stated
S S S S S S S S S S S S S S S S S S S	te He		774 SIGNATUR	DEGREE		22c DAYE SIGHED
the Day	*	((Irinn)	WN ATTENDING PHYSICIAN I	MEDICAL STAFF	14/28/8
HOSPITAL ined by the FUNERAL	Z		22d. PHYSICIAN'S NAME (TYPE C		\$ 1 -	7
	MPORTANT	MI	DAMD	508A PROVIDENT	t HOSP	
To To Show	≥	23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
503 BP		(5	BURIAL	5-1-81 MI AUBURN CEN	BA(TO)	COUNTY
DHMH - 16 50M 7/7	,	24. FL	INERAL DIRECTOR	256. DAT	E REC'D. BY REGISTRAR 2	Sh. PEGISTRAR'S SEMATURE
(VR A 15 (4))	12	0	4AS H +30151	1 PH 2191 Salmoler Stops	2 9 1981	Frishmy Millsenth



6	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 1 C	9900
outh 33	1. DE	CEASED NAME PIRST	MIDDLE A	To	AST	20. DATE OF DEATH MONTH	28) 8130 p.m
4 may	3. SE	Male	1. RACE B	S DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Page	3	RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT CO	MARRIE		Baltimore city or cou	INTY OF DEATH
201 rs ofter filed		Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY) Sinai	Hospital	dr other institution	TEO. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	-	AL RESIDENCE (IF NURSING HOME OF TATE MY COUP	NTY Ball	OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES 🍱 NO 🗌	13e. STREET ADDRESS 5121 Pemb	oridge Ave.
MARYLA ted within pmpletely and 2 showning		THER'S NAME FIRST LOUIS		nson	IS. MOTHER'S MAIDEN NA FIRST Jean	ME MIDDLE E	Gassaway
BALTIMORE, cote be executioned and coppers. Pages 1 val.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	VE WAR OR DATES)	1AL SECURITY NO. -76-4051	Jean Mayo	5121 Pembric	lge Avenue
quires that the death certificate signed by the attending physici her please remove carbon paper to burial, cremation, ar removal. njury, ar ather traumatic event, the njury, ar ather traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF		y Grrest C Necrosis	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir after this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to be mand or than 18 their cary injury	CERTIFICATION	19a DATE OF OPERATION THE ACCESSIT WAS UNDERSTORED.	allowances on the second section	San a service de la company	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATHY YES NO DE
IVISION OF VITA TO PHYSICIAN: The ottending physicic ter this certificate is the burial-transit nand Mental Hygis and Mental Hygis in the certificate.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	West Transfer of the Party of t	19 Y	2H LOCATION	citr at town	COUNTY STATE
OR ATTENDI e hospital ar DIRECTOR: A sched for use Dept. of Heal		22s. I certify that (1) (this haspi saw the decessoryalize an above, (1) (we) (file) (did no 27h SIGNAJURE	at all ottered the decease of the seek the bedy offer dea	19 00	d that is (my (our) opinion DEGINE ATTENDING PHYSICIAN	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	that (I) we) last hour and from the cause stated The DATE SIGNED
TO HOSPITAL TO FUNERAL should be deto with the Store		Stephen	Dob	en)	Singi	Hospit	tal.
) 7 / 7 BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	4/7/81		emetery or crematory ore Cemete:	-	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR M. C. March	F/H 1101	E. North	Ave. 250. DAT	PR 06 1981	G RAP'S SIGN TUP





3	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 9 0 2 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
may be		CEASED NAME OR PRINT) VIO OR MAC SON 14 RACE S. DATE OF BIRTH 10. DATE OF DEATH MONTH DAY YEAR 26 HOUR SON 14 RACE S. DATE OF BIRTH 14. RACE S. DATE OF BIRTH 15. DATE OF BIRTH 16. AGE (IN YEARS (AST BIRTHDAY) IF UNDER 14 PER 24 HRS
A Sold A	1	CON MONTH GPAY 1926 54 YRS. MONTHS DAYS HOURS MIN. RTHPLACE, ISTATE OF FOREIGN , 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH)
de ooth. P	B	Allo, md U-S.A. MARRIED NEVER MARRIED A BAltimore City MD.
on by the formitied with	10. C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER, INSTITUTION (IF NOYIN SICH FACILITY, GIVES WEET ADDRESS) 12. USUAL OCCUPATION (If NOYIN SICH FACILITY, GIVES WEET ADDRESS) 12. WIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 212	m	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE TATE THE PROPERTY OF THE PROPERTY
MARYL ompletely ond 2 sh	14. FA	THERE NAME WIDDLE WATER IS MOTHER'S MAIDEN NAME WIDDLE WASTE
IMORE,		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS OF THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS O
201 W. PRESTON ST., BALT es that the death certificate be ned by the ottending physicio please remove carbon papers urial, cremotion, or removal: v, or other traumatic event, the		APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
VITAL RECORDS, : N: The low require hystron. Icate has been sign ronsit permit Then Hygiene prior to bu 18 shows ony injury.	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
YSICIA ding pl s certif Suriol-t Mental	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 21c. PLACE OF INJURY 21c. PLACE
a Se a co	W	WHILE AT WORK AT WORK (I) (this hospital) ottended the deceased from 19.81, to 19.81, to 19.81, to 19.81, that (I) (we) last
OR ATTEN OR ATTEN DIRECTORS oched for us Dept. of He If Hem 21 is		sow the deceased alive on
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detached it with the State Dept. or IMPORTANT: If them 2		226 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS AMN ASATOMA ATENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 4 / 0/8/ 226 ADDRESS Arony class
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		URIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 234 LOCATION 1996 TOWN 1996
DHMH-16 50M7/77 (VR A 15 (4))	24 5	INERAL DIRECTOR NAME OSCION L. RUSS 2252 MANUAL THE ALLOW APR 13 1981

NO TO THE DESCRIPTION THE SECTION OF THE SECTION OF

		TATE EGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE O	REO. I			
		EASED NAME OR PRINT)	Virgi	1	MIDDLE	To	hnson	20. DATE KNOWN X OF ESTI- DEATH MATED	□ 4 1		HOUR
3.	SEX	4. RACE	5. C	DATE OF BIRTH	YEAR LAST BIRT	YEARS IF U	NDER 1 YR. IF UNDER		MONTH	DAY YEAR 2d.	HOUR
W/_		ale bla		3 20	40 41	YRS.	UNIS UNIS HOURS	DEAD	4 18		:3,6
5/	FORE	THPLACE (STATE OR GO COUNTRY)	/6.	CITIZEN OF WI			RIED NEVER MARRI				
		yland	1 11:	U.S.	A . PITAL, NURSING HO		WED DIVORCI	Balti	Lmore C	ity KIND OF BUSINE	MD.
4		Baltimore		(IF NOT IN SUCH FA	Secours H	i)		FOR MOST OF WORKING LIFE)		OR INDUSTRY	
/ U!		RESIDENCE (IF IN NURSI	NG HOME OR OTH	HER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMIS	SION)		122 STREET ADDRESS		U 19 6 19 1	
2		ryland "	B. COUNTY		Baltime	ore	AEZE NO	13e. STREET ADDRESS 2926 Rockro	se Av	enue	
		HER'S NAME	Mi	DDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
		igustus			Johnson		Ada	Sadie		kson	
1 16	Q. W.		U.S. ARMED FYES, GIVE WAR	FORCES? OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRES			
-		No			1		Augustus	Johnson-sam	e as	above	
		II CAUSE OF DEATH PART I DEATH WAS	Enter only on CAUSED BY	e couse per line	for (a), (b), and (c).)					APPROXIMATE INTEL BETWEEN ONSET AND	DE ATH
IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		3049"	MMEDIATE C		Acute nare		[] *				-
EWO		Conditions, if ony	, which	DUE TO, OK	AS A CONSEQUENC	L OF					
× ×		gave rise to in cause (a) stating th		(b)) DUE TO, OR	AS A CONSEQUENC	F OF					
	-1	lying couse lost.		(6)							
		PART 2 OTHER SIGNIFICANT C	DNOITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN PAI	RT 1 (a).			
	ĕ .										
	CERTIFICATION	19a. DATE OF OPERATI	ON	196 CONDIT	TION FOR WHICH OP	ERATION V	VAS PERFORMED?		1104	20 AUTOPSY?	-
4	E	21a. EXTERNAL CAUSE	WAS	21b. TIME OF	INTIDA	216	IOW IN HIPY OCCUPE	D (ENTER NATURE OF INJURY IN ITEM)	G DART 1 OR SARY		0 🗆
		INDERLYING OR		HOUR A.M	MONTH DAY YE	AR	O W HOURT OCCURRE	P. Tervick (and part Oc. hatok) ha (15W)	ULARI LUR PARI	47	
	V	CONTRIBUTING CA		21e PLACE C	OF INJURY (AT HOME	21f. LC	CATION				
	¥	WHILE NOT W		STREET, FACT	FORY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	TY	STATE
1	f		-	4			psy XX Inspection				
		death resulted from	ok charge of	the remains des	cribed above, held on	Autoj Suicide L	Homicide Homicide	Undetermined manner	and in my apin	non	
7 (24.11)			777	7	Potential Land	roicide L	TITLE (SPECIFY)	Undetermined manner	l ·		
			1110	177							
		ACTUAL SIGNATURE	4Ke	Du	- d		Assistant	MEDICAL EXAMINER	DATE	4/18/81	
7		ACTUAL SIGNATURE	4Ke	Du	P. Co.	^	A.D.	MEDICAL EXAMINER			
2		EXAMINER'S NAME TYPE OR PRINT)	416	Hormez			ADDRESS 111	Penn Street		4/18/81 ,MD 2120	1
2	3a Bill	EXAMINER'S NAME TYPE OR PRINT)		ATE	23c. NAME OF C	EMETERY	ADDRESS 111 DR CREMATORY	Penn Street		,MD 2120	1
2	30.BU BU	EXAMINER'S NAME TYPE OR PRINT)				EMETERY	ADDRESS 111 DR CREMATORY Mem. Pk.	Penn Street	,Balto	• ,MD 2120	1

Transport offer spirit spirit spirit of ne 4. one, "... With the event, in a sport Print Service - Land Service - Service - Service - Control - Contr



4-4-817-6	Mouth of	VISHINIA	
VIID BROKELLINE		ay white is	
ASSIS BUST PER		10.0	
Amend and the second of			
1865.EK. PALET . Is subspaced to the same.	And the second s	*155	
	Temperatural in		
18 .4-	19 -3 - 5 -5 -5	h - h \	
19.1-A		126	
and they said the	while all strong	M WINT	
1 miles produced to		Key e- Johns	

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

contract drawled makes

. 12 อากจไ

desirone of br

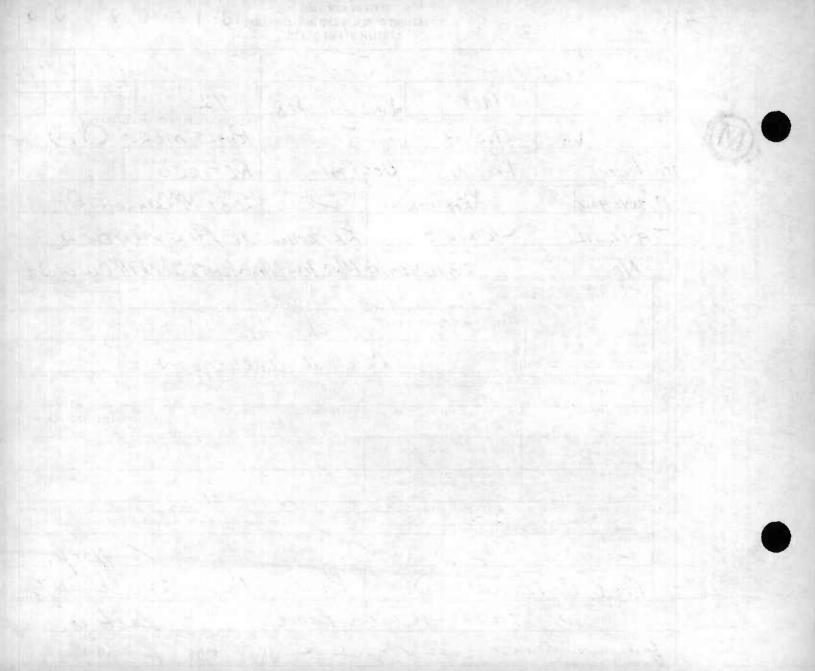
wallace.

Tholse Junes Low 104, Lunderland, No.

district the troops and the troops the district of the troops and the troops and the troops are the troops and the troops are the troops are

Spender . ecanil . ox 31, Prince Prodesics, 14 App 5 1991 France Land

3	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	09906
100		CEASED NAME FIRST	MIDDLE O.	JONES 15. DATE OF BIRTH		ONTH OAY YEAR 26. HOUR SS 8 6 6 8 M OAY) IF UNDER 1 YEAR IF UNDER 2 HARS
+	1	lale	Black	SUNE 24 1908	72	MONTHS DAYS HOURS MIN
1083	L '	OUNTRY) Vig	76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR BALTIM	COUNTY OF DEATH
39	B	HIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY
36	n	PREYLAND	14	YES NO [13. STREET ADDRESS	CUNHOH ST
300	7	AYLOR,	LI NES	15. MOTHER'S MAIDEN N	AME	XANDER
e medico	18a	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL SECU WAR OR DATES) 213 164	DUITY NO. 17 INFORMANT	PARJONES JO	131 MCROKON ST
ease remove corbs page ad, cremotion, or remove or other traumotic event.		PART I. DEATH WAS CAUSED	y one couse per ling for (o), (b), on DBY: E CAUSE (o) NATE CA DUE TO, OR AS A CONSEOUR (c) (c)	endeal Infract rulsine Siezu	ulurym	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar to buri	TION			<u>DEATH</u> BUT NOT RELATED TO THE TER	,	
shaws any	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Mental Hyar Item 18 s	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY I	IN ITEM 1B, PART 1 OR PART 2)
th and M arked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
n 21 is m	1	220. I certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not	4 25/ 19		n death occurred on the date	, 19 X, that (I) (we) lost and hour and from the causes stated
be detoched Stote Dept TANT: If Her		22b. SIGNATURE	Thomas	A	MEDICAL STAFF DIRECTOR PHYSICIA	AND 4/35/81
should be det	-0.0	22d. PHYSICIAN'S NAME (TYPE OR	horas MD	22e. ADORESS Privident	Hosp o	2600 lbly H5.
- v > <u><</u>	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. t 5/2/81	NAME OF CEMETERY OR CREMATORY	23d. LØCATION CITY OR TOWN	Balto Constitution
50M 7/77 5 (4))	24. F	UNERAL DIRECTOR	AOORESS	25a. DA	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE



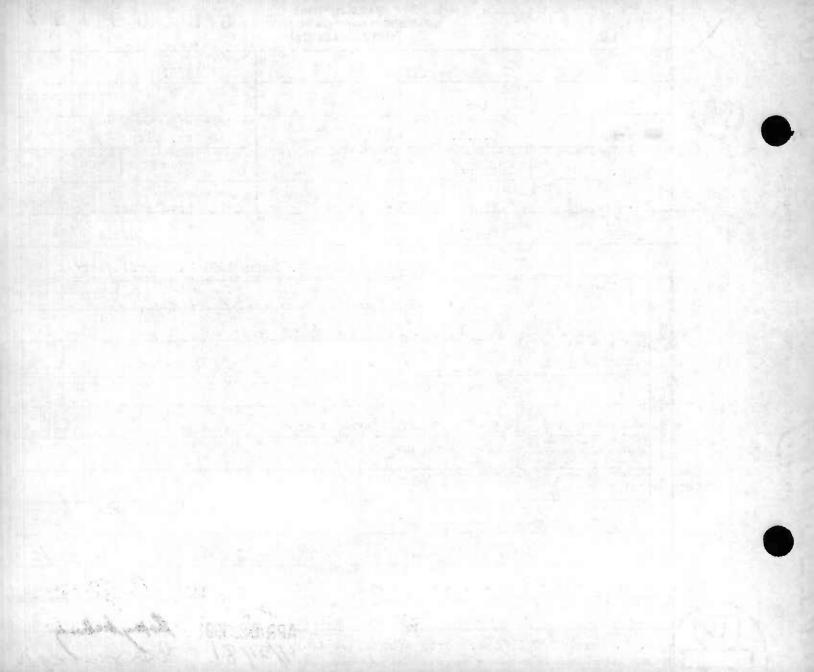
BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND	4.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	C
CERTIFICATE OF DEATH	

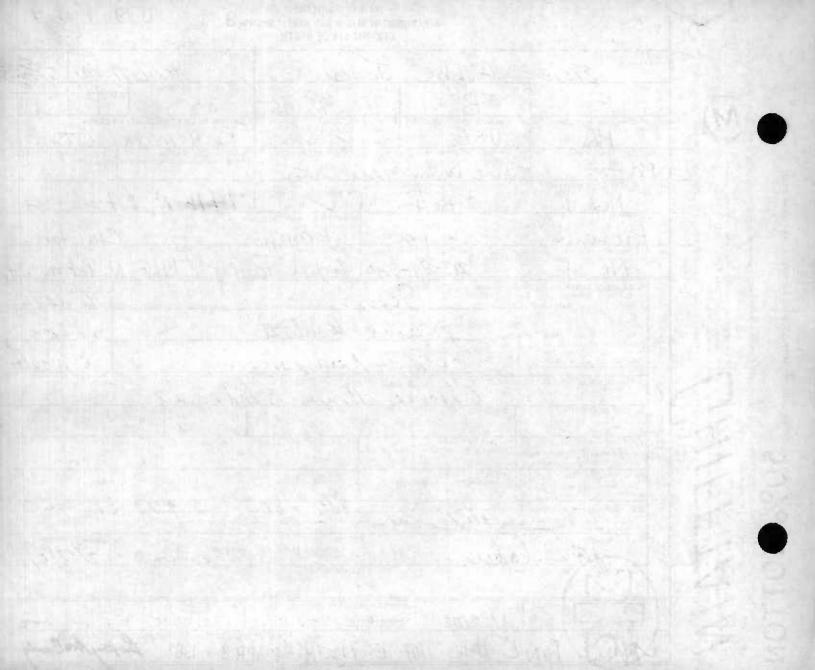
Roge mulagr

	1-	FOR STATE REGISTRAR		DEPARTM		HEALTH AND M		IENE 8	0 9 9	0 /
		CEASED NAME	FIRST	WIDDLE		LAST		20. DATE OF DEATH M		26 HOUR
	3 SEX	CORE	4 RACE	JON		OF 240711		4/19/81		M
		Female	B1a	ick	MONT 11	OF BIRTH H DAY	YEAR 08	6 AGE (IN YEARS LAST BIRTH)	DAY) IF UNDER 1 YE, MONTHS DAY YRS.	
19	70. BI	RTHPLACE (STATE OR FO		WHAT COUNTRY?	MARRIE WIDOWI	NEVER M	ARRIED -	9 BALTIMORE CITY <u>OR</u> Balto.		MD.
46	В	TY OR TOWN OF DEAT	Luthe		G HOME (OR OTHER INSTIT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSIN STATE Md.	IG HOME OR OTHER INSTITUTION 13b COUNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Balto	4	136 INSIDE CIT	NO 🗆	13e. STREET ADDRESS 2431 Lanva	ıle Street	
C	0.0	Frank	MIDDLE	tis			RST	WIDDLE	Curtis	LAST
1		VAS DECEASED EVER II	U.S. ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMAN	T	ADDRESS	5	
-	N		(IF 1ES, ONE WAR ON DATES)	213-09-1	860B	James	H. Jon	es 2431 W. I	anvale Str	eet
2	CERTIFICATION	Conditions, il ony, gave rise to imme couse Io1, stating underlying couse PART 2 OTHER SIGN 190. DATE OF OPERATE 3. 29	which edicte the DUE TO, Clost (c)	OR AS A CONSEQUENT OF AS A CONSE	ACE OF LOS	Chion	othe TERM	200 AUTOPSY?	TION GIVEN IN PART 206 IF YES, WERE FINE N CERTIFYING CAUSI YES	INGS USED
7	MEDICAL CEI	210. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CA (IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE	LUSE OF DEATH HOUR A		Y YEAR	21c HOW INJU		ED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2	
	WE	WHILE NOT WHILE	E AT HOME, S	REET, FACTORY, OFFICE, FA	RM, ETC.)	STREET		CITY OF TOWN	COUNTY	STATE
		saw the deceased	this hospital) aftended to a lative an additional view the body	13 - 100		DEGREE AL AT	TENDING	MEDICAL STAFF	271. DAT	that (I) (we) lost the causes stated
		UDAXAE	HASKARA	RAO SI	INKA	22e ADDRESS	01,	S. Hanor	es & Bax	60/2 20
	B 24 FU	URIAL, CREMATION, RI SPECIFY) Urial UNERAL DIRECTOR	F/H 1101 E	1/81 in	MOODL		ETERY	23d LOCATION CITY OF TOWN BALTO BALTO	hay bed	Md . STARE



ne		STATE REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	1	AST TD	REG. NO.	DAY YEAR 26 HOUR
No.	L	EDWA		JONES	JR	4	6 31 11:43
	3.5€	Male	Negro Negro	5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY) 754 55	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUN	
Some to the to	J B	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	ORIAL HOS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	17b. KIND OF BUSINESS C INDUSTRY
September 1985	.₩SU 13a.	AL RESIDENCE (IF NURSING HOME STATE MD 13b. CO	OR OTHER INSTITUTION, GIVE RESIDEN UNITY 130 CITY Ball	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130 STREEL ADDRESS DOOM	St.
15 300	14. E/	THER'S NAME FIRST FOR THE STANK	MIODLE Jor	les les	is. mother's maiden na Maudena		Aüter
Poges 1		VAS DECEASED EVER IN U.S. A		AL SECURITY NO. 1-20-849	17. INFORMANT 2 Elizabeth	Jones 2159	Hollins St.
r the attending phy remove corbon por remove corbon por removing the froumatic even		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDICATED IN THE CONTROL OF THE COURSE TO IMMEDICATE TO THE COURSE (DI), stating the	DUE TO, OR AS A CO	nsequence of lase	alar Die	ease	yrs
ned by please ourial, cr. y, or oth		underlying cause last. PART 2. OTHER SIGNIFICAN	(c) Dul-	NSEQUENCE OF EFCA / NG TO DEATH BUT	Cello fero NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 1101
ine low requires in idea.	AL CERTIFICATION	PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 2/2/8/ 210, ACCIDENTWAS INDERLYING OR CONTRIBUTING CAUSE OF	196. CONDITION FOR Lafecta 216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION WHICH OPERATION ON OTHER ITH DAY YEAR	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
nding physician. Adiag physician. It is certificate has been signed Burial-transit permit. Then plex Amental Hygiene prior to burial or Item 18 shaws any injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 4/2/8/ 210. ACCIDENT WAS YNDERLYING	196. CONDITION FOR Lafecta 216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION WHICH OPERATION ON POTENTIAL ITH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
A A LENDUNG PRITS LANG. The law requires in hospital or afterding physician. RECTOR: After this certificate has been signed hed for use as the build-tronsit permit. Then plea per, of Health and Mental Hygiene prior to buriof tem 21 is marked or frem 18 shows any injury, or		PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMIT 210 IN JURY OCCURRED WHILE NOT WHILE AT WORK 210.1 certify that (I) This has	(c) Declining Contribution for I of echo 21b. Time of Injury Hour A.M. Mon P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	WHICH OPERATIO WHICH OPERATIO JITH DAY YEAR 19 (, OFFICE, FARM, ETC.)	N WAS PERFORMED ALL AND MAJURY OCCUR 211 LOCATION STREET 211 LOCATION OUT Opinion DEGREE	200 AUTOPSY? 200 IF IN CER YES NO CITY OR TOWN CITY OR TOWN deoth occurred on the date and h	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 8 , that (1 we lo
by the hospital or attending physician. By the hospital or attending physician. By the hospital or attending physician. Edetoched for use as the build-tronsit permit. Then please detoched for use as the build-tronsit permit. Then please better the please of the ple		PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HEETIMER NOTHEY MEDICAL EXAMIL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) this hos sow the deceased olive obove, (Kawa) did (did	(c) DESIGN (C) TONDITIONS CONTRIBUTION FOR LOT CONDITION FOR LOT CONDITION FOR HOUR A.M. MON P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY (AI HOME) OF THE CONTRIBUTION OF T	WHICH OPERATIO WHICH OPERATIO JITH DAY YEAR 19 (, OFFICE, FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS	20a AUTOPSY? 20b. IF IN CER YES NO CITY OR TOWN CITY OR TOWN death occurred on the date and h	YES, WERE FINDINGS USED PATHY YES NO
OSTIAL OK ATTENDING PRITSLIAN: The law requires to de by the hospital or catending physician. UNERAL DIRECTOR: After this certificate has been signed do be detached for use as the burial-tronsit permit. Then plex the State Dept. of Health and Mental Hygiene prior to burial RIANI. If them 21 is marked or them 18 shows any injury, or	MEDICAL	PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d IN JURY OCCURRED WHILE AT WORK 270. 1 certify that (ILTHIS had sow the deceased alive obove, (KMW Addid) (did 27b. SIGNATURE 2724 PHYSICIAN'S NAME (TYP)	(c) DELITIONS CONTRIBUTION FOR TOTAL PLANE OF INJURY HOUR A.M. MONER 1216 PLACE OF INJURY (AT HOME, STREET, FACTOR) of the deceased on the control of the deceased on the control of the c	WHICH OPERATION WHICH OPERATION WHICH OPERATION WHICH OPERATION WHICH OPE	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS	200 AUTOPSY? 20b IF IN CER YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN PROJECTION PHYSICIAN 2000 ACTIVE PROJECTION CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2) COUNTY STATE 19 8 that (1 we lead to the course stated)

L	1		STATE OF MARYLAND	9 9 0 9
7	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF LEATH	
V	1 05	REGISTRAR	REG. NO.	DAY YEAR 12h HOUR
. n∈		CEASED NAME FIRST	0:11	- 15
4 6 6 6	-	2/5/6	Gibbs Jones A RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 28 HRS
	1 SE		MONTH DAY YEAR	MONTHS DAYS HOURS MIN
	-	DYLLD: A CE	Th CITIZEN OF WHAT COUNTRY? 8 9 9 BALTIMORE CITY OR COUNTY	OFDEATH
1 120		RTHPLACE (STATE OR FOREIGN	MARRIED U NEVER MARRIED U	1-4
1 11 12	10 C	TY OR TOWN OF DEATH	WIDOWED DIVORCED DIVO	126. KIND OF BUSINESS OR
S off	1	20 Hm	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) - 1 (TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
2 2 2	JUSU	AL RESIDENCE HE NURSING HOME O	DONN C. DEGICA INCLUIAL CENTRO ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
NND 21	130	TATE MA	NTY 134 CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STATE ADDRESS N. F	stomas ct
	14. FA	THER'S NAME	15, MOTHER'S MAIDEN NAME	oromac s-f.
MARYLA within and within ond 2 sh	1	Pichal	MIDOLE FIRST MIDDLE	Maritan
+ 0 -		AS DECEASED EVER IN U.S. A		CIUGTON
Ao oo oo	((IF YES, GI	VEWAR OR DATES) 212-34-0288 Edna Tallow 1416	N. Patomac St
ALTI icro	-		only one couse per line for (o), (b), mac)	APPROXIMATE INTERVAL BETWEEN ONSFRAND DEATH
T., 8A) Trificote physic npope movel.		PART I. DEATH WAS CAUS	TECAUSE (0) PRESIS	a days
ON S Th cer Ading Corbo Corbo To re		11.21 6	DUE TO, OR AS A CONSEQUENCE OF A	,
RESTC deoil nove c otion, troumc		Conditions, if any, which	(16) Interted decelletti	weaks
the rem		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
that d by leose ial, cr		underlying couse lost	10 COA - New javeses	3 moules
y. o	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIV	EN IN PART 1(0)
ECORDS ow requirements. The prior to ony injure.	Ē	a surr or open tron	(above 1) rain) yhdroung	S, WERE FINDINGS USED
RECORDS. n. n. nos been signed permit. Therefore prior to the we any injur	CERTIFICATION	190 DATE OF OPERATION	IN CERTIF	YING CAUSES OF DEATH?
The clor	F	210. ACCIDENT WAS UNDERLYING		S NO
u 40 475 - M		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	
PHYSICIAI physicial ph this certifii the buriol-tr and Mentol i	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY 21f. LOCATION	
	WEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
3 0 6 0 0			pital) attended the deceased from 3/3/, 198/, to 9///	190 , that the (we) lost
TTEN Pirtol For us of He		sow the deceased alive a	n	r and from the causes stated
A hos. hos.		226. SIGNATURE	DEGREE ,	224. DATE SIGNED
AL O AL D detocl ore Do TF. If I		JAP 1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	18/17/8/
SPIT d by		22d. PHYSICIAN'S NAME (TYPE	OR PRINT) 22e ADDRESS	
TO HOSPITAL OF TO FUNERAL DE Should be detoo with the Store DE IMPORTANT: IF				
De Tay	23a.	BURIAL, CREMATION, REMOVA	CITY OR TOWN	COUNTY STATE
0843BP	1	Burial	1/22/01	ld.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. R	alan Kalburla
(VKM 13 (4))	1	MINKH 141	V'L PPHE 1101 C. NORTH HE APR 20 1981	7-7



m E	1		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	26 DATE OF DEATH		AY YEAR	26 HOUR
ale	15	3 SE	EVERET	1 RACE	JONE	S. DATE O	C BIDTM	April 20.	1981	F UNDER 1 YEAR	IF UNDER 24
IA	1)	3 35	Male	Whit	е	MONTH	DAY YEAR	81	YRS.	ONTHS DAYS	HOURS A
funeral din			RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	Baltimore City of Baltimor			
thin	90	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF		G HOME O	R OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Carpente	ION OF WORKING LIFE)	176. KIND C	truct
4	35	USU 13 _R . S	ALRESIDENCE (IF NURSING HOME OF ITATE Maryland 136, COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	HE INSIDE CITY LIMITS?	3345 Bee	ch Ave	nue	
od 2 shou	200	14. F.	William O.	Jones	LAST		15. MOTHER'S MAIDEN NA	WEOR		LAS	
ages 1 ac	1		AS DECEASED EVER IN U.S. AR		223 14 8		Florence 17 HESTER P.	Jones 334	725	h Aven	ue
s been signed by the sit. Then please ren prior to burial, or a wa any injury, or a	ows any injury, or o	IFICATION	cover (a) stating the underlying cover last. PART 2 OTHER SIGNIFICANT (III) DATE OF OPERATION.	CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	70h. IF YES,	WERE FINDING CAUSES	IĞS USED
A 40	7	RTIF						YES NO	YES		NO [
orthigh orthansit mail Hygi tem 18		CAL CERT	21s. ACCIDENT WAS UNDERLYING. C OR CONTRIBUTING. CAUSE OF DE- OF EITHER, HOTPY HEDICAL EXAMINER.	HOUR A		YEAR	21s. HOW INJURY OCCUR	RED (SMITE HATUM OF HUU	KY PUITEM 18, PAR	RT I OR PART 2)	
F# :	o i i	MEDIC	214 INJURY OCCURRED WHAT OF HOT WHILE O		OF INJURY REET, FACTORY, OFFICE, E	ARM, ETC.)	ZIL COCATION	/ cm 0x 10/	of some	COUNTY	STA
44	E .		27e Certify that (II (this hasp				d that in (my) (quick-opinion	death occurred of the d	ate and hour		
UNERAL DIRECTOR. After this cart of be detached for use as the buries from the State Dept. of Health and Mental	MITANIE II Nem 21 mm	The second	saw the decreased alive on above, (I () personal () state of 276 STGNAFURE 226 STGNAFURE 226 PRYSICIAN'S NAME () PROSICIAN'S NAME	J/E	fice	6	ATTENDING PHYSICIAN	MEDICAL STA		14/	27
ERAL DIRECTOR: After this cart detached for use as the burial to State Dept. of Health and Mental	E II II III II Z	The State of the S	226 SIGNATURE	elfrich	fice	0	ATTENDING }	DIRECTOR PHYSIC		14/	127

Apr. 20, 1911		8,010%		
	13, 168	.xo=	n: Int	
a cito emalatei			A U. U.	Diffell of the
Usrpenter Unbluet	62%	miero man	Sent I	970 14 15
######################################		maridia)		Lin Jorgan
	poner:		card	O MORFIE
Junea 3315 Topou Women	d the	1 gen in 1,32	-	0
				J
301	SOUR MOTAL		doi: Los	Shirt in
The state of the s	rei ene y s		had es	ist w

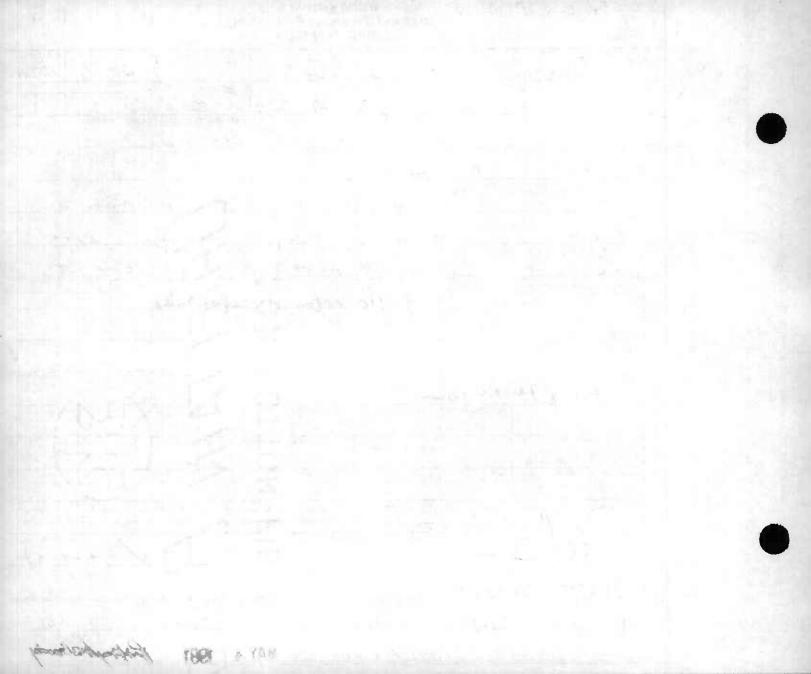
2	1-	FOR STATE REGISTRAR	10a=22a r.		DEPART	MENT OF	HEALTH	AND ME	ID ENTAL HYGI(CATE OF DI	EATH) 9	9		
# # A A & F.		CEASED NAM	JOHNN		MIDDLE C.		EK 5 C	JONE		2a. DATE KNOWN OF ESTI- DEATH MATED	MONTH		YEAR 81	2b. HOUR
PASSE PRESTOR. PASSE VALUE BELL	3. SE	male	4. RACE black	5. DATE OF BIRTH	48 48	6. AGE (IN YE	ARS IF UN AY) MONTH	DER 1 YR.	IF UNDER 24 HR HOURS MIN.	S. 2c. DATE PRONOUNCED DEAD	MONTH 4.	DAY	YEAR 81	7 <u>4</u> н <u>г</u> 2 (е а м
	FE	IRTHPLACE (DREIGN COUNTRY)	MD		SA		WIDOW	/ED 🗆	/ER MARRIED (X	Baltimor	e Ci	ty ty	PEATH	MD.
RE, MD. 21201 EATH. IF ANY DELAY IS ES 1, 2 AND 3 TO THE IP M3. RETAIN PAGE IND 2 SHOULD BE FILED EVIJAL RECORDS, 201	В	altime	ore		Dunc	an st	reet			USUAL OCCUPATION (1 OR MOST OF WORKING LIFE)	YPE OF WORK	12b. KIN	ND OF BUS R INDUSTR	Y
E ANY E RETAIN	13a. S	MD MD	13b. COUN	OR OTHER INSTITUTION, G ITY		OR TOWN CIMOR		13d. INSIDE CIT			ort S	t.		
DEATH. DEATH. GES 1, 2 M PM 3 AND 2	14. F	JERST		D.	Jon			E	R'S MAIDEN NA. Stelle	WIDDLE		tev	enso	n
BALTIMA S AFTER GIVE PA ITH FOR PAGES I	160.	res, no, or unkn		MED FORCES? WAR OR DATES) Ily one cause per line	218	_48 - 4		17. INFÖRM		an Willian			. Po	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM, 3, ES SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. PAGES I AND 2 SI ED PRORTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL OF PRIOR TO BURRAL, CREMATION, OR REMOVAL.	7	Condition gove recause (c lying ca	ons, if ony, which ise to immediate i) stating the <u>under-</u> use last.	TE CAUSE (o)	AS A CON	idosis NSEQUENCE NSEQUENCE	OF	E OR CONDITION	I GIVEN IN PART () (a).					
SIVISION OF VITAL RECC CERTIFICATE SHOULD BE RITING THE WORD "PEND FOED TO THE CHIEF MED FOED TO THE CHIEF TO THE CONTROL OF THE	E I		F OPERATION AL CAUSE WAS G OR	21h TIME O	INJURY	WHICH OPER	21c. HC			TER NATURE OF INJURY IN ITEM	18 PART I OR P.	Y	UTOPSY?	NO []
BIVISION OF VITA BIVISION OF VITA E. WRITING THE WORR RWARDED TO THE CHI E. PAGE 3 SHOULD BE U. S. STATE DEPARTMENT OF STATE DEPARTMENT OF STATE OF	MEDICAL		ING CAUSE OF	21e PLACE				CATION STREET		CITY OR TOWN	CC	OUNTY		STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 P		22a. I cert death resul ACTUAL SIGNATURE	ted from: Natur	ge of the remoins des	Accident LUK	I. so	Autop	ASS 1	stant M	EDICAL EXAMINER	ond in my a], DATE SIGN	4-	13-8	31
TO MED EXECUTION PAGE 4 TO FUN AFTER D BALTIMA	23a. E	EXAMINER'S (TYPE OR PR JURIAL, CREMA SPECIFY)	INI)		23c. 1	Orell		ADDRESS_		Penn Stree		UNITY	STA	ATE
0602 DHMH-17 (VR A15 ME (5)) 15M 2780	24. F	Bur UNERAL DIRE	ial CTOR March	4/18/81 F/H 110		It. Au . Nort		12	. I	Baltimore BY REGISTRAR 256 REG 151981		SIGN III	MD)

~	_ FOR	4 4/7/81 GB	STA DEPARTMENT OF	TE OF MARYLAND HEALTH AND MEN	TAL HYGIENE	0	991	2
0	- STATE REGISTRAR	ME		IER'S CERTIFICA		REG. NO.		
	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	2e. DA			YEAR 26. HOUR
28.82.8E	LAKISHIA	(LAKESIA)	В.	JONES	DEA	TH MATED		81
PLEAS ECTOR POUR STREE	3. SEX 4. RA	CE 5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR. IF (UNDER 24 HRS. 2c. D	ATE MI	ONTH DAY	YEAR 4 : 120 R
FOOTO	female bla	ack 1-11-8	/HAT COUNTRY?	RS. 2 24	D	EAD		81 ам
一般の音楽さ	FOREIGN COUNTRY) MD		JSA	MARRIED NEVER	MARRIED A	TIMORE CITY OR C		ın
The second	10. CITY OR TOWN OF DE	ATH II. NAME OF HO	SPITAL, NURSING HOM	WIDOWED DE, OR OTHER INSTITUTION	N 12a. USUAL OC	Itimore C	WORK 12h KIND	
- 150 mm 2	Baltimore	Sinai Ho	ACILITY, GIVE STREET ADDRESS)		FOR MOST OF	WORKING LIFE)	OR IN	DUSTRY
OI VY DH VID BE ORDS	USUAL RESIDENCE (IF IN N		GIVE RESIDENCE BEFORE ADMISSI	ON)	IMITS 13. STREET AD	DRESS		
AND AND RETAIN	MD MD		Balltimor	e I 3d INSIDE CITY LI	520	99 ^{ss} Wilto	n Heigh	nts
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DELIA SEGINE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION OF VIJAUREGORDS	James	MIDDLE	Jones		maiden name ccell	MIDDLE	Burr	nett
PAG PAG DNO	160. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURIT			ADDRESS		
BALTIMO CS AFTER GIVE PA HITH FOR PAGES I			N/A	James	Jones 52	209 Wilt		
ST., I	18 CAUSE OF DEA	TH (Enter anly one cause per lin WAS CAUSED BY:					BETWEEN	ONSET AND DEATH
TON LITEA FER GIEN VAL	7980	IMMEDIATE CAUSE (a)	Sudden infa R AS A CONSEQUENCE		yndrome			
PRES.	Canditians, if	any, which						
W. WENCHAIR	gave rise to	g the under- DUE TO, O	R AS A CONSEQUENCE	OF	TEST STATE			
EXECUTED ING. IN PERCENTED ING. IN PARTION, CO.	lying cause last	(c)						LEAS
S ROBE S		NT CONDITIONS <u>Contributing to death</u>	BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION GIV	EN IN PART 1 (a),			
VITAL RE SHOULD ORD "PE CHIEF N T OF HEV NURIAL, C	190 DATE OF OPER	ATION 196. COND	ITION FOR WHICH OPER	ATION WAS PERFORMED)?		20 AUTO	OPSY?
N S S S S S S S S S S S S S S S S S S S	21g EXTERNAL CAU	JSE WAS 216. TIME C	AE INIII IDV	Tal- HOW IN HIRY OF	CHARGO		YES	NO [
IVISION OF TING THE WITHOUT THE DEPARTMENT OF THE DEPARTMENT OF THE DEPARTMENT OF THE OFFICE OF THE OFFICE		OR HOUR A.	M. MONTH DAY YEAR	? IZIT. HOW INJURY OC	CURRED (ENTER NATURE C	FINJURY IN FIEM TEPART	1 OR PART 2)	
ISIO NG TO SHC EPAR PRIO	CONTRIBUTING 21d INJURY OCCUI WHILE NO	RRED 21e PLACE	OF INJURY (AT HOME,	211. LOCATION				
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD, "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF- TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE. MARYLAND, 21201 PRIOR TO BURIAL,	WHILE NO.	T WHILE STREET, FAI	CTORY, FARM, ETC.)	STREET	Сіту О	RTOWN	COUNTY	STATE
ATE, T ORW ORW VD, 2	22a. I certify that	t I taak charge af the remains de	escribed abave, held an	Autapsy X, In:	spectian , Inqu	iry , and in	my apinian	
MINING BETCH	death resulted fra	m: Natural cause XX,	Accident, Su	ricide , Hamicide	Undetermined	manner .		
MAR WAR	ACTUAL	Mouse and	~ D M ~ D.	TITLE (SPEC			DATE ,	
SHOW SHOW	SIGNATURE	Through the	C. Made	M.DAssi	STANT MEDICALE	AMINER	SIGNED 4-	-4-81
ER DI	EXAMINER'S NAME (TYPE OR PRINT)	Margarita A	. Korell. N	1.D. ADDRESS 11	1 Penn Stre	et		
PAT PAGE TA	230. BURIAL, CREMATION,	REMOVAL 23b DATE	23c. NAME OF CE	METERY OR CREMATORY	123d LOCATIO	N	COUNTY	STATE
BP	Buria	1 4/7/81	Cedar	Hill Cem.		ltimore	Co.	MD
2788 DHMH-17	24 FUNERAL DIRECTOR WM. C. M.	larch F/H ADDRES	101 E Ma	250.	DATE REC'D. BY REGIS		AR'S SIGNATURE	
VR A15 ME (5)) 15M 2/80	Witt. C. IV.	arch f/n 1	LOI E. NOI	cn Ave.	APR U6	1981	of the year	Brooky

18 30 30 gar

Pri-A Inter-for-

	1 It	ems 5,6 g555 5/14/81 gj STATE OF MARYLAND	
	lı.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEND	
'/	1	REGISTRAR CERTIFICATE OF DEATH	
N/		CEASED NAME FIRST MINT LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	-
8 75	1,	Margaret VIOLA Janes 9 28 81 1230A	AA
OE OF	3. SE	X 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	
4 94	N.	BLK DAY YEAR 1899 82 YRS MONTHS DAYS HOURS MIN	П
00 Mg	70. B	RTHPLACE (STATE OR FOREIGN 7) CITIZEN OF WHAT COUNTRY? 8 9 RAITIMORE CITY OR COUNTY OF DEATH	_
# 35	C	MARRIED NEVER MARRIED BALTIMORE City MIDOWED ON DIVORCED BALTIMORE CITY M	_
p a	10.0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1/26. KIND OF BUSINESS OF	_
5 4 57	K	altimore Pear, Hos C	
2120 hours. hours.	JUSU.	AL DESIDENCE HE MUREAU MANE OF OTHER INFILITION OF RECIPENCE DESCRIPTIONS	
ND 24 h 124 h 24 h 24 h 24 h 24 h 24 h	130. 3	Day of the state o	
rthin rely for 2 sho	14. F/	THER'S NAME IS MOTHER'S MAIDEN NAME	-
A del w		FIRST MIDDLE LAST FIRST MIDDLE LAST	
0	16n \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DODRESS	_
BALTIMORE, cate be executed to spers. Pages val.	(res, no or linknown) (IF yes, give war or dates)	
ALTIA cion cion ers. P			=
÷ + 4 0 0 0		PART I. DE ATH WAS CAUSED BY:	-
o 0 0 0 0	3	IMMEDIATE CAUSE (a) TO POTON () GLOPOTOROS	-
		DUE TO, OR AS A CONSEQUENCE OF	
the deat the atternance cemotion.		Conditions, if any, which (b).	-
W. or the or the cree cree	3	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	
20 ted		PART 2. OTHER SIGNIFICAN OF DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	=
	Z	CALL THE STORY OF	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. After this certificate has been sig os the busiol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED	
hos lows ows	E	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO	
VITAL RE ICANON The IC	E	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
N OF VITA SICIAN: Ti ng physica certificonsul urial-transit entel Hygi		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
PHYSIC ending this cer the burion and Ment	MEDICAL	21d, INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	-
VISIO G Pt orten ord ord ked d	×	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
O O O E		220.1 certify that (1) (this haspital) attended the deceased from 4 - 19 11 to 4 - 28 19 11, that (1) (we) las	-
TITEN Pitol TOR: for us		and that in (my) (aur) aging a death accurred on the date and hour and from the course stated	
R R A hos bed		22b. SIGNATURE DEGREE / 22c. DATE SIGNED	-
= 000 =		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	
- Q W 0.00 4		22d PHYSICIA 5 DANE (THY COUNTY) 22e ADDRESS	-
		TURCOT JEUDO M	
01 of 0 of 0 of 0 of 0	23a. F	URIAL, CREMATION, REMOVAL 128 DATE 230 NAME OF CEMETERY OR CREMATORY 236 LOCATION	=
284Rb	(PECIFY CITY OR TOWN COUNTY STATE	
DHMH - 16 50M 1/76	24 FI	INERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	-
(VR A 15 (4))		Jeenon R Bailey 1348 N. Calhount MAY 4 1991	
	_	TO TO TO THE MINE TO THE TOTAL THE T	_



2 te

Pu

a

0

prior

burial-transit peri

the kand

40

should be detached with the State Dept.

24 FUNERAL DIRECTOR

Funeral Home

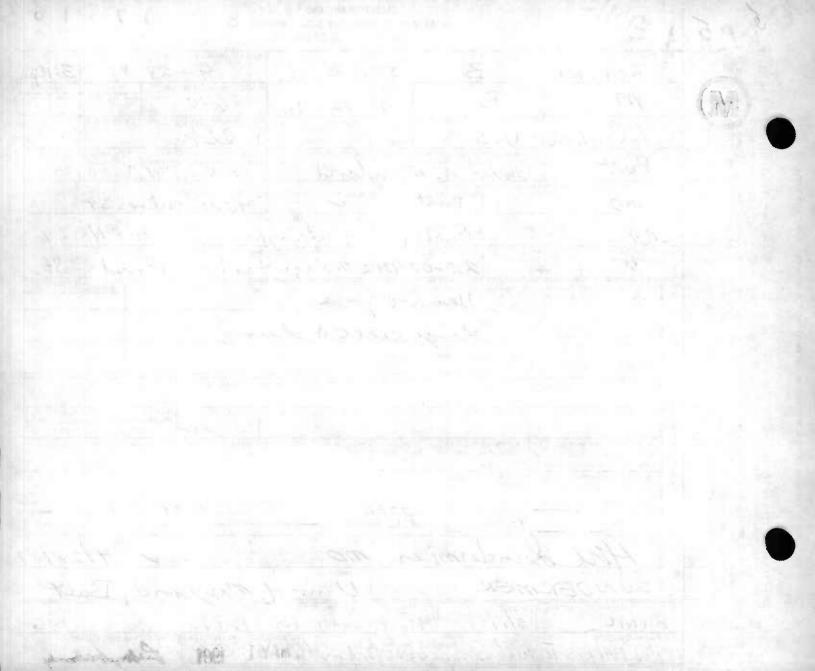
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) MOLLBU SONE 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Sock 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 25A Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR **INDUSTRY** 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Suitland Marvland 5705 Rupert Avenue NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Jones Savannah "5705" Rupert Avenue -Suitland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) Maryland 2579 Mrs. Nancy Jones-wife-18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) outonia PART I. DEATH WAS CAUSED BY Sasmoner IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shows NO F 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 20 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Hospita Hopkins DRUCKER Johns 23a. BURIAL, CREMATION, PONOVAL NAME OF CEMETERY OF CREMATORY 23d. LOCATION (SPECIFY) LaurelyMaryland Burial aryland National

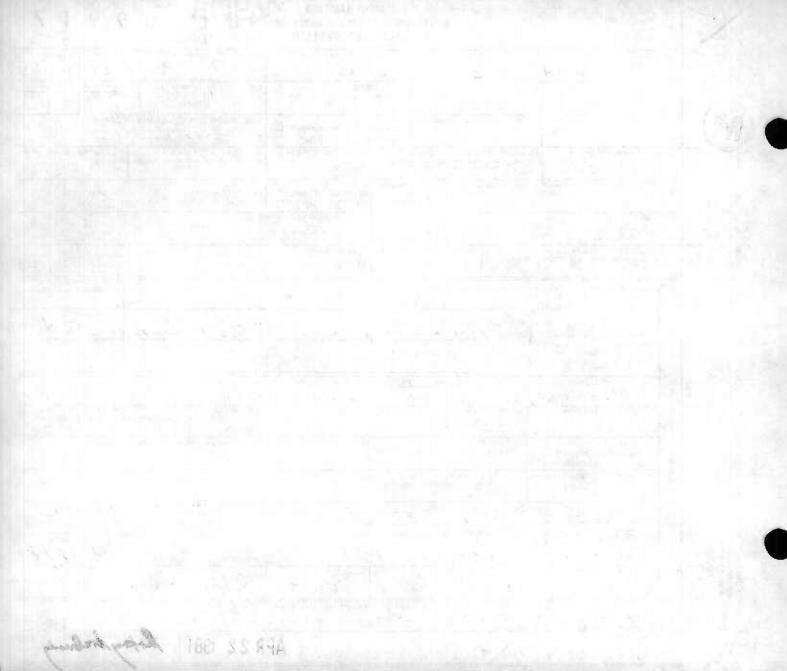
Benning

med real comment to be below the comment of the com Market 1 1881 C. I. No entroller, the final activities and activities of special

7	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0 9	9	5
m.e		CEASED NAME FIRST	M	NIDDLE	L	121	20. DATE OF DEATH A	AONTH DAY	YEAR	26 HOUR
y be		PEGGY	Tind	lall	JC	DNES	4-22-81		302	5:29 Am
ê %	3 SE	Х	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY] IF	UNDER I YEAR	IF UNDER 24 HRS
in [MI]	100	Female	White		Feb	18, 1917 YEAR	64	YRS.		Wild.
J. J	150	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMORE			MD
ton so die G		Baltimore	THE JO	OHNS HO	ADDRESSI PKINS	HOSPITAL	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	N.		F BUSINESS OR
AND 212	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 120 COUN	OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	ADMISSION)	13d. INSIDE CITY LIMITS? YES IN O	13e STREET ADDRESS 1837 Lombar	rd Stre	eet	
MARYL, maletely ond 2 securine	14. F/	ATHER'S NAME FIRST Aubrey	MIDDLE	Tindall		15. MOTHER'S MAIDEN NAME FIRST	ME		Flo	vd
IMORE, in ond co Poges 1		VAS DECEASED EVER IN U.S., AR, YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	232 30 1		Audrey Robi	addres			
II W. PRESTON ST., BAL. thot the death certificate that the offending physicis sos remove corban paper sol, cremotion, or removal. r other traumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR	AS A CONSTOUR	WS1		Y			
TAL RECORDS, 20 The low requires in cion. The low been signed six permit. Then ple glene prior to burit shows ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART OF OPERATION	LER-WB	BER RE	NOU DE ATH BUT	GASIRO INTEST WAS PERFORMED	ZOO AUTOPSY?	206. IF YES, VIN CERTIFYIN	PEAST VERE FINDIN NG CAUSES	GR CHOMA
DIVISION OF VIT VDING PHYSICIAN: or ottending physics: After this certification is so the buriol-trans so the buriol-trans softh and Mental Hyg marked or them 18 st	MEDICAL CE	216. ACCIDENT WAS UNDERVING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that (this hospi)	21e. PLACE C (AT HOME STRE	A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, F.	19	216. HOW INJURY OCCURR	CLITY OR TOWN	N	COUNTY	STATE
TO HOSPITAL OR ATTER retoined by the hospital TO FUNERAL DIRECTOR should be detoched for us with the Stote Dept. of H.		sow the deceased alive on obove, (ii) well did no 22b SIGNATURE) view the body o	19.0	M	PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIA	AN D	220 DATES	couses stated SIGNED PRIL 1981
TO HOSP retorned I TO FUNE should be with the SI IMPORTA	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/25/8	23c. N	NAME OF CE	METERY OR CREMATORY	234 LOCATION CITY OF TOWN Brooklyn		OUNTY	* ~STATE
DHMH-16 30M 2/80 (VRA 15, 4)		uneral director	4001 Rit	chie Hew	rv Ral		E REC'D. BY REGISTRAR 25	M.G.A.S.A	Mag.	195-4

21:2 4:		63216			
		1 .81 4.1			(,
THE RESERVE	Villa		water!		
POLICE PARTY	no della	PER SECTION	it rujus siir	gaoulife	
Front Variety	Viet 1		ALTIA.		
a luna and					
	DEPART OF		Quite?		
State .					
mental Da Version 63 LA			Language Track Control of the Control	STATE OF THE PARTY	
MALE PROPERTY.			1 78 190 231	2.7002.19	
ROLLED ALL PROPERTY AND A SECOND					
THE THE PERSON OF THE PERSON O					
	5) //8	37.4983 3 14			

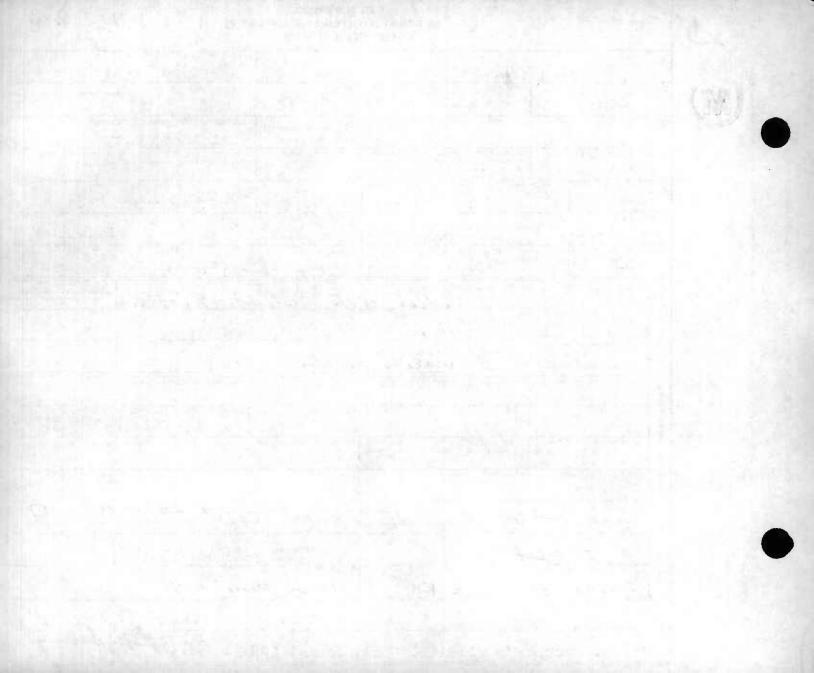




H		FOR			DEPARTMENT O		MARYLAND H AND MEN	TAL HYGI	ive i	0 9	9 1	3
X		STATE REGISTRAR		MI	EDICAL EXAM	NER'S	CERTIFICA	TE OF DE	EATH DE	G. NO.	. 1	
		CEASED NAME	FIRST		MIDDLE	LEUI,	LAST		20. DATE KNOW	N X MONT	TH DAY YE	EAR 2b. HOUR
28.28 E			Sarah		Μ.		Jones		OF ESTI-	D 0 4	14 198	31 M
PLEAS CTOAS FILES FREE	3 SEX	4. R	ACE	5. DATE OF BIRTH			NDER 1 YR. IF	UNDER 24 HR		MONTH	H DAY Y	YEAR 2d. HOUR
A CONTRACTOR	Fe	emale W	hite	Oct. 10	ENOT GIR.		THS DAYS H	OURS MIN.	PRONOUNCED DEAD	4	14 198	1 1:50 a.m
1000000	7a. B	RTHPLACE (STATE O		76. CITIZEN OF V	VHAT COUNTRY?	8. MARI	RIED NEVER	MARRIED [9 BALTIMORE C	ITY OR COU		Н
DE REEL S	30	Virginia		United	States	WIDO		ONORCED [Baltim	ore Ci	ty	AAD
E # # 9 5	10. CI	TY OR TOWN OF D	EATH		SPITAL, NURSING HO		HER INSTITUTIO		JSUAL OCCUPATION		K 12b KIND O	F BUSINESS
PEF, MD. 21201 PEATH. IF ANY DELAY B. SES I, 2, AND 3 TO THE WAY PAN 3. RETAIN PAGE B. AND 2 SHOULD BE FILE D. F. VITAL RECORDS, 201	1	Baltimore		707	Van Lill S				House-wife		Home	USIKI
ORD AND	13a. S	L RESIDENCE (IF IN	NURSING HOME O	R OTHER INSTITUTION,	13c. CITY OR TOWN	ISSION)	13d INSIDE CITY L	mures 12- c	TREET ADDRESS	3		
21201 ANY AND 3 RETAI HOULD		ryland	-		Baltimor	2			07 Van Lil	1 St.		
MD. MD. M. 3.		THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME MIDDLE		LAST	
DEATH. GES 1, WA PM. A AND Z)	Jason		A.	Ketterman		Haz	el	L.V.		White	
MO NO	16a. V	VAS DECEASED EV		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMAN	VŢ	ADD	RESS		
BALTIMORE, SS AFTER DEA GIVE PAGES GIVE PAGES I AND INVISION OF VIVISION OF VI		NO	(IF TES, GIVE	WAR ON DATES)	233-46-1	128	Earl B	utler	707 Van I	ill St	t.	
L. BAL URS AF 8. GIM WITH II. PAG		18 CAUSE OF DE	ATH (Enter on	ly ane couse per lir	ne for (o), (b), and (c).)						APPROX	IMATE INTERVAL ONSET AND DEATH
R S S S S S S S S S S S S S S S S S S S		PARTIDEATH	WAS CAUSED	D BY:	rterioscle	rotic	Cardiov	ascula	r Disease		BELWEEN	DNSET AND DEATH
PRESTON ST ITHIN 24 HOU CIL IN ITEM 11 AER ALONG ALT PERMIT REMOVAL		429	2		R AS A CONSEQUENC					1,5347		
PRE ANS		Conditions, i	f any, which o immediate	(b)								
W WENT		couse (a) stat	ing the under-	(-,	R AS A CONSEQUENC	E OF						
201 W. PRES UTED WITHIN IN PENCIL IN EXAMINER STAL TRANSI D MENTAL H ON, OR REM		lying couse la	st.	(c)							11 - 1	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A SCENTFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, REDED TO THE CHIEF MEDICAL EXAMINER A LONG WITH FORM PM. PS. 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITON PRICE TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART 1 (a).				
ECO BE AND AS A AS A A S A A S A A S A A S A A S A A S A A S A A S A A S A A S A A S A A S	CERTIFICATION											
VISION OF VITAL REC CERTIFICATE SHOULD B TING THE WORD "PEN TO THE CHIEF M 3 SHOULD BE USED AT DEPARTMENT OF HEAD PRIOR TO BURIAL, CI	CA	190. DATE OF OPE	RATION	19b. CONE	DITION FOR WHICH OF	PERATION V	VAS PERFORMEI	D?			20 AUTO	PSY?
* XXXXXXXXX	RTIF		und-han e								YES {	□ NO 🔀
A STATE OF THE STA		UNDERLYING	_	21b. TIME O HOUR A.	DF INJURY M. MONTH DAY YE	AR 21c. H	IOW INJURY OC	CURRED (ENT	ER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)	
A PER CONTRACTOR	CA	CONTRIBUTING	CAUSE OF E									
IVIS GER JEDEP DEP	MEDICAL	21d INJURY OCCU	JRRED	STREET EA	OF INJURY (AT HOME CTORY, FARM, ETC.)		STREET		CITY OR TOWN	(COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PRIQR TO BU		WHILE AT WORK AT	WORK									
ATE, ORV		22a. I certify the	ot I took charg	e of the remains d	escribed obove, held or	Auto	osy 🔲, In	spection XX	Inquiry ,	ond in my	оріліоп	
MNN PER PER PER PER PER PER PER PER PER PER		death resulted fro	om: Notur	ol couses X,	Accident,	Suicide	, Homicide	Uno	determined manner			
OF WITH WAR			11.	Vn			TITLE (SPEC	CIFY)				
A HE CHANGE OF THE CHANGE OF T		ACTUAL SIGNATURE	Jugu	a Zho	an	^	A.D. Assis	stant M	EDICAL EXAMINER	DAT	NED 4-14	-81
NER TEL	-	EXAMINER'S NAM	0									
S S S S S S S S S S S S S S S S S S S	-	(TYPE OR PRINT)	" Virg	jinia L.	Dolan, M.D	•	ADDRESS	ПР	enn Stree	t		
524548	23a.8	JRIAL, CREMATION					OR CREMATORY	C	LOCATION	CC	OUNTY	STATE
0104BP		Burial		April 17	,81 Meadow	Ridge		rk	I	loward	Co, Ma	ryland
DHMH-17	-	NERAL DIRECTOR		ADDRE					BY REGISTRAR 256.	JE PAR'S	ALGUS.	4
(VR A15 ME (5))	I	illy & Ze	eiler I	nc. 190	l Eastern .	Ave./2	21231	APR 1	5 1981			

And The Control of th No. 2012 April 1981 And Appril 2001 1982 Felley & William

1 300



ο ω τ	1 DE	STATE REGISTRAR CEASED NAME FIRST FOR PRINT!	WIDDLE	CERTI	FICATE OF DEATH	REG. NO		AY YEAR	2b. HOUR
noy be			e J ordan			04/24/			1:30pm
ge 4 mc	3. SE	Female	Black		of Birth 11 14, 1981	6. AGE (IN YEARS LAST BIR	YRS.	ONTHS 1 YEAR	IF UNDER 24 HRS
Post of Post o		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY United State		ED NEVER MARRIED	Balto Ci		OF DEATH	MD.
THE STATE OF THE PARTY OF THE P		altimore	1) NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE The Johns H	ET ADDRESS)		120 USUAL OCCUPATI			F BUSINESS OR
ND 212	13a.	AL RESIDENCE (IF NURSING HONE OR STATE 130 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MARYLA IARD ad within meren and 2 sh	14 F/	ATHER'S NAME Mark	MIDDLE Brown LAST		15. MOTHER'S MAIDEN NA. Patricia	WE		Jord	lan
R GU		WAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC	CURITY NO.	Patricia	ADDRE	SS	Jord	lan
ST., BALT BY D INER INER INER INER INER INER INER INE	X	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	PHRAIN		TORY ARREST			BETWEEN (MATE INTERVAL ONSET AND DEATH
W. PRESTON MED 1 the death c EXAM V the attendar eremove carterestion, or ther traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (C) DUE TO, OR AS A CONSEQUENCE (C						
NON NON LCAL signed by the pleas to buriet, or o	NO	PART 2 OTHER SIGNIFICANT C	((c) CONDITIONS CONTRIBUTING TO	D DEATH BU	NOT RELATED TO THE TERM	NNAL DISEASE OR CONI	DITION GIVE	N IN PART 1(c	2)
MED MED	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
ASED ASED agenticol rici-tronsit entol Hygie ttem 8 sho		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
RELEA ING PHYSIC r ottending After this cer as the burn lith and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
R ATTENDIA or nospitol or tector. At tector. At for use of for use of for use of the other of Health of He		22a. I certify that (1) (this hospi sow the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	tol) attended the deceased from 24 APRIL 1981, 19 view the body after death.	22 A	nd that in (my) (aur) opinion	to 24 APRIL death accurred on the do	1981 . 1 ate and hour	and Iram the	that (1) (we) lost causes stated
HOSPITAL OR need by the F FUNERAL DIR old be detech in the Stote Dep	*		neughy, MD	10,11	ATTENDING PHYSICIAN [IAN 🗹		PRIL 1981
TO HOSPITAL retoined by II TO FUNERAL should be det with the Stote	730		YURPHY, M.D.	NAME OF	JOHAS TOTAL	HOSPITE		BALTIMO	DRE, MO.
000BP		BURIAL, CREMATION, REMOVAL Creamation	04/25/81 J	ohns	Hopkins Hos	pital Bal	to.	Ма	ryland
DHMH-16 30M 2/80 (VRA 15, 4)		he Johns Hop	kins Hospita	1 R2	Ito.M. 21200	ENERGY DI KEGIGIKAK	и усорус	Janes C	Mody

4	1.	FOR STATE		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	HENE 8 1 0	9 9	2 2
(60)		REGISTRAR CEASED NAME FIRST	WIDDLE		AST DEATH	REG. NO.	DAY YEAR	2b HOUR
	(TYP)	GUS	TAVE T.	KXEENN	KALLMAN	04-	15-81	3:17pm
e 4 mo	3 SE	MALE	1 RACE WHITE	5. DATE C	-19-1966	6. AGE (INYEARS LAST BIRTHDAY) 74 YRS	IF UNDER I YEAR	HOURS MIN.
orth. Page 72 hound direction	7a. B	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
on softer dec	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		BUSINESS OR
in in	USU	AL RESIDENCE (IF NURSING HOME OF	CHURCH ROTHER INSTITUTION, GIVE RESIDE	HOME Y	HOSP.	MINIER	KE1	IRED
S S S S S S S S S S S S S S S S S S S		THER'S NAME	BA	LTO.	13d INSIDE CITY HMITS? YES NO	130. STREET ADDRESS CURL	EY ST.	
	14.77	FIRST	KNOWN	LAST	15. MOTHER'S MAIDEN NAI	WIDDLE	JEHUSE.	N
BALTIMORE, cate be execut on pers. Pages 1 wol. it, the medical		VAS DECEASED EVER IN U.S. AR (ES, NO PRUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOC VE WAR OR DATES) 218-	A9-1945	SUSAN R-H	ALLMAN	SAME	21224
201 W. PRESTON ST., es that the death certific ned by the attending phyploses remove corban provial, cremation, or removy, or other troumatic every, or other troumatic every.		Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.	D BY: TE CAUSE (a) CHRON THE CAUSE (b) CHRON DUE TO, OR AS A CC (c)	NIC OBSTI	CHRONIC RES	MONARY DISEAS PIRATORY	E	ATE INTERVAL INSELAND DEATH
RECORDS Iaw requires as been si bermit The berprior to	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR			200 AUTOPSY? 20b. IF Y	ES, WERE FINDING	
DF VITA Physici Hificate Il-transi all Hygin II 8 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18		МО
DIVISION OF ING PHYSICIA and the this certificate the burnol-tith and Mental interved or frem.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR	Y	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DITTENDIN or or or TOR: Aft for use as for the afth		22a. I certify that (I) this haspi	04-15-01	19 81 00	d that in (my) Cu popinion of	death occurred on the date and ha	19 81 , th	ot (I we lost
DR A Post		ATTENDED OF THE PROPERTY OF TH	a little body of ender	11.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	All5)	81
TO HOSPITAL (retained by the TO FUNERAL B should be detain with the State E IMPORTANT: If		DR TMPAGLI		VALKER M	100 N. BRO	CH HOSPITAL C ADWAY BLATIMO	ORF , MAF	
D # D # 3 # #	23a. P	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	LLTO CO	SIAIR
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR SKI	ARDA 282	9 HUDSO	U ST. 250. DA	PRE D BY REGISTRAR 256. REGIS		

The second of th TOUR ME THE CONTRACT CONTRACT CONTRACT OF THE THEMAS I SAMEON I BERT HORSON ST.

Dundalk, MD. 21222

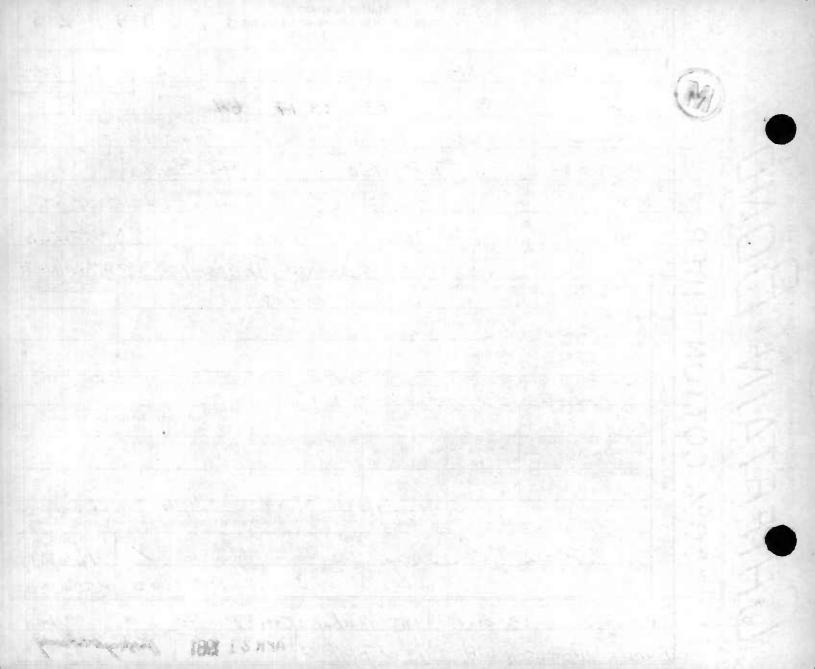
7922 Wise Avenue

Instance Income Implying the areas leavered to a second in the Carallo Bassirstory Armest Set out the contraction of the desires Tare index fall by the fall bladder of the Asily sizostemoniana Carcinomatosis (1) de domina

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-1981 Joseph DEATH MATED Kavanaugh 3 SEX 4 RACE 6 AGE (IN YEARS IF UNDER TYR. DAY 5. DATE OF BIRTH IF UNDER 24 HRS DATE 25 H 24 B LAST BIRTHDAY) PRONOUNCED AUG. 22. 1900 80 YRS Male White DEAD 1981 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED FOREIGN COUNTRY BALTIMORE MARYLAND U.S.A. DIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Home & Hos FOR MOST OF WORKING LIFE)
CLERK OR INDUSTRY Baltimore & Hospital AIR PRODUCTS CO. SHOULD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 113b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2003 E. PRATT MARYLAND BALTIMORE YES KK 21230 ST. NO [] 18. GIVE PAGES 1, 2, A WITH FORM PM 3. B MIT. PAGES 1 AND 2 SH E, DIVISION OF VITAL IR 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST JOHN KA VA NAUGH MARY BRAUM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21231 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO ST. BALTO.M 212 03 9405 ELLEN KAVANAUGH 2003 E. PRATT TO MEDICAL EXAMINER: IND. CLOSE THE WORD "PENDING" IN FORCE. WITHOUT THE CENTIFICATE, WRITING THE WORD "PENDING" IN FORMINER ALONG WEEGUIET THE CENTIFICATE CONTRACTOR PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. IN PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY AT WORK NOT WHI AT WOR Inspection X 22a. I certify tho I took charge of the remains det Inquiry death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4/26/81 SIGNATURE SIGNED. EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street, Baltimore, MD. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL MOST HOLY REDEEMER CEM. BALTIMORE MARYLAND 4/29/1981 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 RE STRAR'S SIC NATIVE **DHMH-17** 1981 DIPPEL FUNERAL HOMES 7110 BELAIR RD. BALTO. MD (VR A 15 ME (5)) 15M 2/80

1924 TOP OF THE PART OF

OTHER PERSONS FOREST FOR BULLET IN THE TOTAL THE ASSESSMENT ASSESSMENT OF THE PERSON O

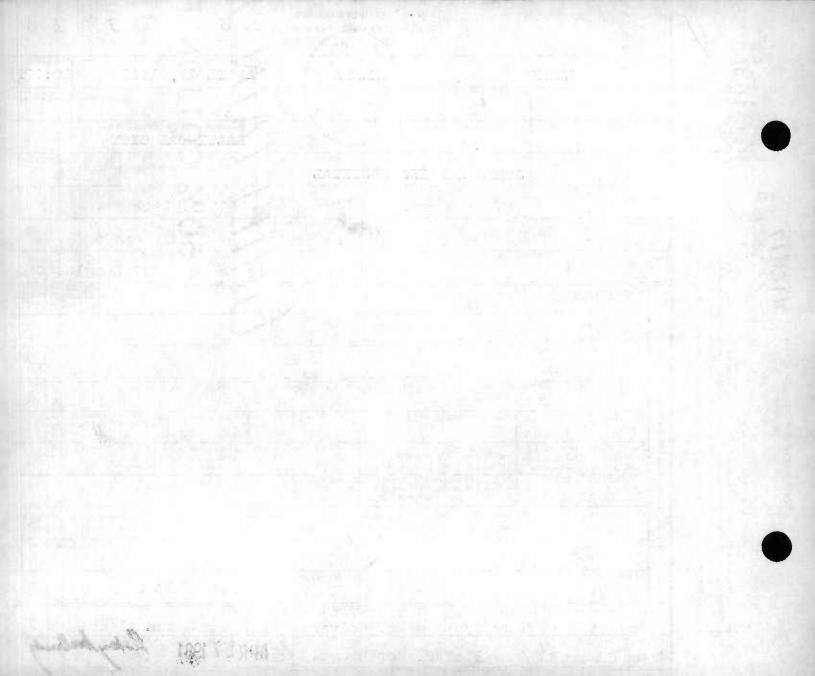


THE PARTY OF THE P . Little in the recognition is one of the state of the state of the state of TO STREET AND REAL PROPERTY OF THE PROPERTY OF

The latter of the control of the latter of t

ne eo ik		(0108=1)	1,283		DIAJO TELEF
		056 - 10	No NAT	datotas	Eda Sh
	DIOLITIAN			ASU	
LABURTZEE!	BESTITAL		CURLEY ST.	203 25	TYONE TA
The Year	763 11. 01		EHOMINIA		Anna La
provi direk dasa		dead twee early doub	RUMBLE		
.ta maamme .)	(1831) (183 ₀)	en madalin	58(83)51		012
24	ONITIONAL I		MALLIAN N	EYOUTE	dezma

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR LIVEE OR PRINTS APRIL 21, LEROY KEENE 1981 10:19PM B. willing O 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 20 36 DAYS B M 44 M BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY USA Md. DIVORCED WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS HOSPITAL Balto. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a STATE Balto. 13d. INSIDE CITY LIMITS? 1622 E. 29th St. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIGDLE Maddox Carrie Thomas Keene 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR GATES) 232 Douglas Ct. Mrs. Carrie Keene No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Mussive assiration gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Alcoholism seizures PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED. à IN CERTIFYING CAUSES OF DEATH? NO NO [Mental Hyg 21n. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from. sow the deceased alive an 12 and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be detained with the State C m.D MPORTANT PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS bin 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Anne Arundel Co., Md. Buria Mt. Calvary Cem. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 llol E. North Ave. (VRA 15, 4) Wm C March F/H



. /					- ST	ATE OF A	ARYLAND	D						
N W	1	FOR STATE			DEPARTMENT O	HEALTH	AND MEN	NTAL HY	GIENE		0	9	2	9
7 1	1	REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFIC	ATE OF	DEATH	RE	G. NO.			
		CEASED NAME	FIRST		WIDDLE		LAST		20. D	ATE KNOW	NOW THE NA	NTH DAY	YEAR	2b. HOUR
W = 12 H	(11)	E OR PRINT)	ROBERT		_		VECLEV.		DE	OF ESTI-	D 0 4	28	19 81	
PEAS ECTOR 7 FILES HOUR	3. SE	4. RAC	CE S.	DATE OF BIRTH	6. AGE (IN		KEGLEY IDER 1 YR. III	F UNDER 24	4 HRS. 2c.	DATE	MON		. ,	14 HOUR
				lar. 14	,1934 47	YRS.	AS DAYS	HOURS A	MIN: PROM	OUNCED	4	28	19 81	5:30
SAR		RTHPLACE (STATE OR		b. CITIZEN OF W		12	Aar		- 9 B4		ITY OR CO			I P M
S. M. September 1	FC	Virginia		U.S	٨	MARR		ER MARRIED			_			
S NECESSARY.		TY OR TOWN OF DE	ATH I		PITAL, NURSING HO			DIVORCED	12a. USUAL O	aLT imo	ore Ci	TY 112h K	IND OF BU	MD.
が見る言るるな					CILITY, GIVE STREET ADDRESS		EN INSTITUTE	T I	Machi	F WORKING LIFE	T don	BC	th S	PYCOL
.; BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS 8. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN PAGE I. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WITA RECORDS, 201	112511	Baltimo		Univers	VE RESIDENCE BEFORE ADMIS	al		I I	viaciii	TIE ME	ruer.	De	CII S	сеет
CSCTA33		Md.	Balti	M O SO	Middle I	510N)	134 WSIDE CITY	LIMITS? 1,	204 G	DDRESS	- T			
12 A A M 5 M 2			Dalu	mor.e	IMITGGIE I	river	YES 🗌			llder	. Dr.			
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND C TITH FORM PM. 3. RETA PAGES 1 AND 2 SHOULD WISION OF WITH RECOR	14. F.	THER'S NAME	,	MIDDLE	LAST_	-100	15. MOTHER		NAME	MIDDLE			LAST	
OS AN PRESENTE		Lee			Kegley		Hele					Hugh	es	
MO PAGE	16a. \	VAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMA	ANT	(wi	fe) ADD	RESS	S	ame	as
A HAP SOIS SOIS SOIS SOIS SOIS SOIS SOIS SOI		Yess	HORE		302-30-	3681	Rebe	cca I	AnnHu	ghes	Kegl	ev	ame 3	3
TON ST., BALT 24 HOURS AFI 1 ITEM 18. GIVE ALIONG WITH F T PERMIT. PAGI YGIENE, DIVISIO		18. CAUSE OF DEAT			far (a), (b), and (c).)								APPROXIMATI	EINTERVAL
M HOLL RAMINE, NE, NE, NE, NE, NE, NE, NE, NE, NE,		PART I DEATH W	VAS CAUSED B	SY:	Sunshot wou	nd of	head	(rif	(e)			861	TWEEN ONSE	I AND DEATH
To To See See See See See See See See See Se		9552	IMMEDIATE	CHOOL (G)	AS A CONSEQUENC									
HIN HIN ES		Conditions, if	any, which									100		
I W. PRESI D WITHIN PENCIL IN PAMINER A - TRANSIT ENTAL HY COR REMO		gave rise to couse (a) stating		(b)	AS A CONSEQUENC	- OF								-
201 V		lying cause last.		00210,01	AS A CONSEQUENCE	. 01								
12 D: 1872		BART 2 OTHER CHOMISICAN	NT CONDITIONS CON	(c)	BUT NOT RELATED TO THE TE									
ENT A BOOK EX	Z	TAKE I OTHER SIGNIFICAN	II CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	KMIMAL DISEAS	E OK CONDITION G	SIVEN IN PAKI	1 (0).					
L RECORDS UID BE EXE "PENDING F. MEDICAL ED AS A BL HEALTH AP HEALTH AP HEALTH AP HEALTH AP L CREMAN	CERTIFICATION	190. DATE OF OPERA	ATION	Ties CONDI	TION FOR WHICH OP	BATIONIA	A C DEDICODA	ED2				Tax		
SHOULD ORD "PE CHIEF AN EUSED A FEURE A CHIEF	5	THE DATE OF OTER,	ATTOTA	198. CONDI	TION FOR WHICH OF	KATION W	AS PERFORM	ED:					AUTOPSY?	
S S S S S S S S S S S S S S S S S S S	E	21a, EXTERNAL CAU	CE WAS	21b. TIME O	F (b.1.) (D)/	1 43		100			7.0		YES 🗌	NO K
Z ZANTENTO				HOUR A.M	MONTH DAY YE	AR	OW INJURY O			OF INJURY IN IT	EM 18 PART 1 O	R PART 2)		
A HOLD A PRINCE	CA	UNDERLYING D			4-27-198		elf-in	flicte	ed.	1 1 2				
DIVISION OF VITAL R EXAMNER: THIS CERTIFICATE SHOULD ECERTIFICATE, WRITING THE WORD "P L DIRECTOR: PAGE 3 SHOULD BE OSEN 1, WITH THE STATE DEPARTMENT OF H MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE (OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY	OR TOWN		COUNTY		STATE
PI THIS WARE VAGE	-	WHILE NOT	VORK P	hom	ne	204	Glide	r Rd.				Balto	0.	Md.
RE TI	133			of the remains des	scribed abave, held an	Autap	., []	Inspection	XX loc	uiry .		y apınıan		
A S S S S S S S S S S S S S S S S S S S	13	death resulted fram				ouicide X			Undetermin			y apiman		
NRYITE NRY		deam resolved from	. 140,0707	cooses	Accident LI,	oncide LZ	TITLE (SPE		Onderermin	ed manner	<u> </u>			
A SOLUTION AND A SOLU		ACTUAL	Mrc.	PS	200	1 100		stant			DA		4-29	-91
ZHR KHIZ		SIGNATURE					.D. <u>/1351</u>	1,000			SIC	GNED	4-60	-01
WE AND WE	1	EXAMINER'S NAME (TYPE OR PRINT)	Vir	ginia L.	Dolan, M.	D.	A D D D D D D D D D D D D D D D D D D D	111	Penn	St.				
TO MEDICAL EXAMEXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIRE. BATTER DEATH, WITH BALTIMORE, MARY	730 B	URIAL, CREMATION,	REMOVAL 23h	DATE	23c. NAME OF C	EMETERY	ADDRESS	y I	23d. LOCATI	ON				
	(Burial		lay 1,1	981 Hughe	es Ce	meter	v	Dryd	en	Lee	COUNTY	Va	TATE
BP	24. F	INFRAL DIRECTOR	Donne				125		C'D. BY REG					
DHMH - 17 (VR A15 ME (5))	F	lemine F	Barne	Servi	ce- Benso	m. M	d.	MAY	4 198		trata	who	Great	4
(AK V 12 WE (2))				- DOT AT	oo Delige	ATT & TAI	4.		130)	0	/	/	1

Sample of the AUM

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

A DESCRIPTION OF THE STREET, AND STREET, ASSESSED TO SERVICE ASSESSED. entrighte various at the control of THE AS KIND OF THE PROPERTY OF

Estiman sacrator and the second ~ 366 THE STATE OF THE S

The same of the sa Bushing thought the men to the second all showing the state of the st Rolph . . Kellotte Jetter Leasely The said of the sa PERSONAL PROMOTE CARELANNA HERES 10 18 1 1/4 10 5 5 12/1/2 2 1 1/1/2 3 1 1/1/2 DE CHERTE PERSONEST ST. BOHANNES

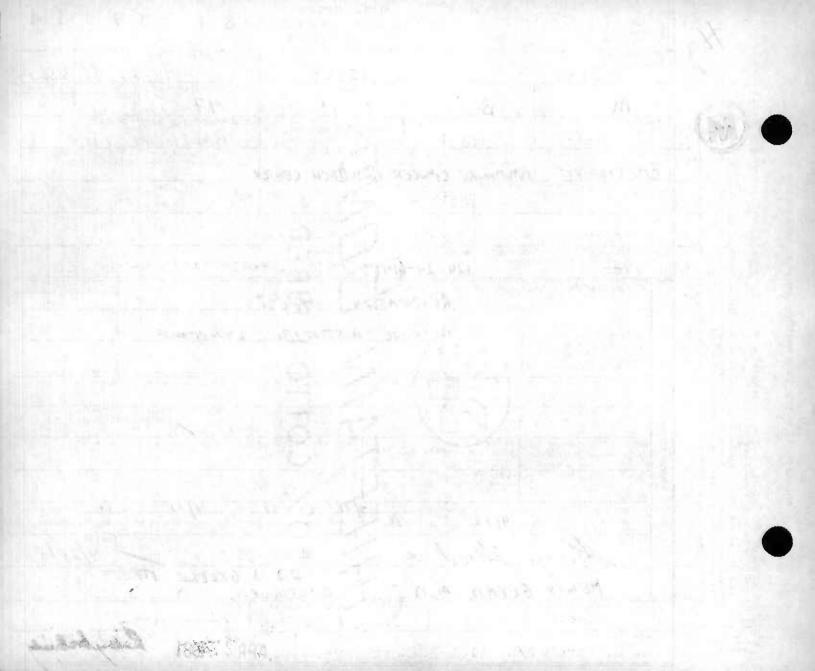
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-(Claud) Kelly Jr. DEATH MATED XX 3 14,081 Claude 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED male black 26 41 40 15 , 81 6:43/ DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED OREIGN COUNTRY USA Baltimore City MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS SHOULD BE FILE N. Rutland FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Avenue ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 1511 Rutland Ave. Baltimore YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Claude Kelly Sr. Hattie V. Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Claude Kelly Sr. 1511 Rutland Ave. N/A No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RITING THE WORD "PENDING" INTELLED."
REDED TO THE CHIEF MEDICAL EXAMINER ALONG
GE 3 SHOULD BE USED AS A BURIAL - TRANSIT PRINT
TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Chronic alcoholism IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Accident Homicide ____ Undetermined monner TITLE (SPECIFY) 3/15/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 3/21/81 Baltimore Baltimore Cemetery MD Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. **DHMH-17** 1101 E. North Ave. March F/H 198 VR A15 ME (5) 15M 2/80

Tunner, Landon, Miller toronton marcheole obswit 7

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIERE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAD DECEASED NAME a DATE KNOWN TYPE OR PRINTI ESTI-William Tilyard Kempe 1 DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS MÖNTH DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED , 81 :25F male white 12 04 76 DEAD YRS . BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Mary land MARRIED NEVER MARRIED Baltimore City U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FNOT IN SUCH FACILITY GIVE STREET ADDRESS! University Hospital **Baltimore** Salesman Paper Supply Co. USUAL RESIDENCE (IF IN NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Woodlawn 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2643 Purnell Dr. NO.TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Unknown Kempel Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADD 700 Windsor Mill Rd Rev. Leslie Metcalf Baltimore, Md. 21207 213-03-6681 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMINED OF HEALTH AND MENTAL HYGIENE Gun shot wound of head Gun: handgun IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 2D AUTOPSY (HO) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL. YES XI NO T E 3 SHOULD BE DEPARTMENT BE 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4/3/8110 found shot /self inflicted EXECUTE THE CERTIFICATE, WRITING POGG 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR; PAGE 3 SHY AFTER DEATH, WITH THE STATE DEPAI BALTIMORE, MARYLAND, 21201 PRIC 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN BaltoCo, MD STATE 2643 Pernell Drive, home (HeadOnly) 220. I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 4/10/81 DATE Assistant SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lorraine Park Cemetery Woodlawn Burial 4/13/81 Baltimore MD BP. 24 FUNERAL Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR 256. P **DHMH-17** 8728 Liberty Rd. Randallstown, Md. 21133 (VR A15 ME (5)) 15M 2/80

The trains that the same and th i.

189 1 1 99

transfer decrease, and the state of the stat

16	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND MICATE OF DI	ENTAL HYG	REG. N	0	9	4	3	6
deoth deoth		CEASED NAME ORPRINTI	FIRST		DOLE		NDALL		24 DATE OF DEATH		16		26. HOU 3:27	
od to	3 SE			4 RACE		5. DATE C	F BIRTH OAY	YEAR	6. AGE IN YEARS LAST BE		IF UNCE		IF UNDER	
23 ponus	74 B	Female RTHPLACE (STATE OR FO	REIGN		HAT COUNTRY?		29 NEVER M		9 BALTIMORE CITY		TY OF DE	ATH		
filed within	10. C	Md. IY OR TOWN OF DEA Balto.	ГН	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)		ORCED	Balto 126 USUAL OCCUPAT (TYPE OF WORK FOR MOST LPN	TION	LIFE) IND	USTRY	Hos:	
should be t	130 3	Md.	NG HOME OR 13b. COUN	OTHER INSTITUTION, C		ADMISSION)	134 INSIDE CIT YES 🔀	TY LIMITS?	13n. STREET ADDRESS 4519 Ha		11.0			
300 and 2		THER'S NAME FIRST Frank			chlosser		Eth	nel_				LAST COMP:		
rs. Pages 1		Unkn.	(IF YES, GIVE	WAR OR OATES)	213-03-9	589	17 INFORMAN	VI	AUUR	1533		ADDITAVIT		No.
ng physicia banpapers remavol. c event, the		PART I. DEATH W	AS CAUSED	y one couse per li DBY: E CAUSE (0)	Cordio	pulpu	Many	alle	+			22	MUST AND	DEATH
ed by the offendin blease remove corb rial, cremation, or or ather traumatic		Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate the last.	DUE TO, OR	AS A CONSEQUE	HONLE NCE OF	2.					24	ear	
ist permit. Then grandene prior to but shows any injury.	CERTIFICATION	190 DATE OF OPERAT	RF.	OLLAIN 196 CONDIT	ION FOR WHICH	acrit	THEOL N WAS PERFOR	cliaf	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FIFYING C YES	FINDING AUSES (GS USED	H?
Mental Hygar Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	AUSE OF DEAT		MONTH DA	Y YEAR	216 HOW INJ		RED (ENTER NATURE OF INJ.	JRY IN ITEM 18	B, PART 1 OR F	ART 2)		
Affer the e as the b olth and I	WE	WHILE NOT WH	ILE C		ET, FACTORY, OFFICE, F	ARM, ETC.}	STREET		CITY OR TO	WN	COU	414	ST	ATE
of He 21 is	8	226.1 certify that (1) saw the decease above. (1) (we) 1d	d olive on.		19_19_	, or		our) opinion (death accurred on the c	date and he	our and fr	om the c		,
be detached be detached state Dept.		224. PHYSICIAN'S NA	MĒ (TYPE OR	PRINT)	and the)		TENDING HYSICIAN	MEDICAL STA DIRECTOR PHYSI		120	. DATE S	IGNED	
should b	22	Patricia	Coon	, M.D.	Va		Balto	. City	Hospitals					
		Remova		23b. DATE 4/20/		IAME OF C	EMETERY OR CE		23d. LOCATION CITY OR TOWN	136	COUNTY	ICA/ . T	STA	ATE
AH-16 20M 15, 4) 7/78	24 F	NERAL DIRECTOR NAME Anatomy Bo	pard		Balto.	, Md.		236. DAI	E REC'D. BY REGISTRAF	The state of the s	IKAR'S S	WAIL	Kt C	,

BAY TON LANGUAGE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO 2b HOUR 4-16-1981 9:40PM IF UNDER I YEAR IF UNDER 24 HR DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR Steel Co 13518 Youngwood Turn Erdman Same APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

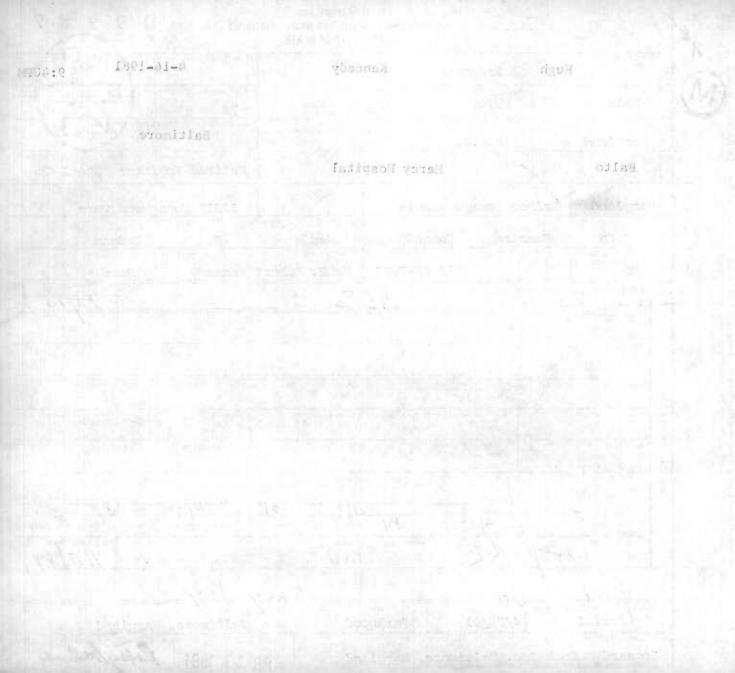
FOR - STATE

REGISTRAR

Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. RE

77. DATE SIGNED



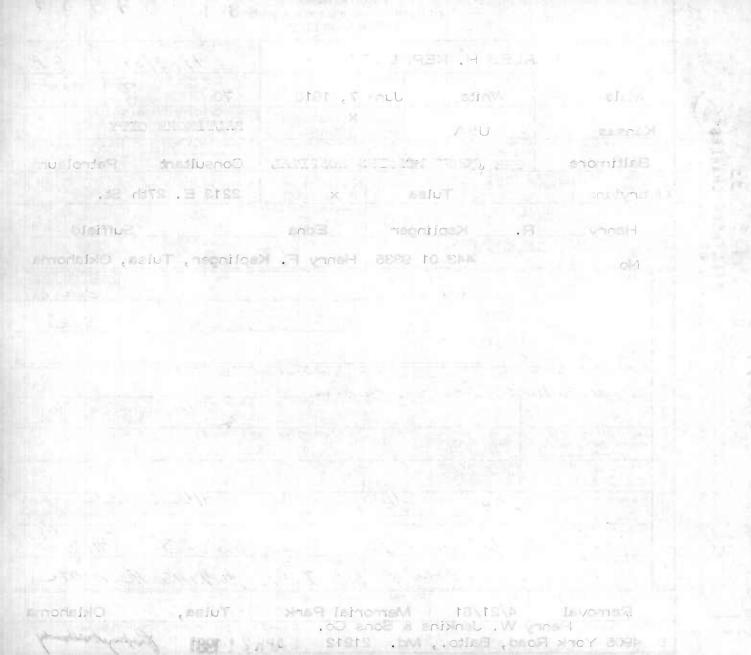
2	3	1.	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEAL	FMARYLAND ITH AND MENTAL HYGI ATE OF DEATH	ENB REG. NO	0 9	9 3	8
y be	age 3 death		CEASED NAME MARCITA	MIDDLE H.	YAST (743		M 16	YEAR	815 PM
ige 4 mo		3. SE	× emale	White	5. DATE OF B MONTH July	10, 1918	6. AGE (IN YEARS LAST BIRTH	YRS		HOURS MIN
F Po		C	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
r dea	10		ode Island	U.S.A. 11. NAME OF HOSPITAL, NURSIN			Baltimore	ON I		MD. BUSINESS OR
s ofte	By the		altimore	Baltimore Cit	v Hos	oitals	Housewife		own I	lome
24 hour	filled in ould be in			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN EWport Newport		I. INSIDE CITY LIMITS?	13e STREET ADDRESS 39 Almy	St.		
ed within	mpletely ond 2 sh		ATHER'S NAME	Haaland		MOTHER'S MAIDEN NAM			Jens	en
se execute	Pages 1	160 \	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!		Menry L. K	ent, 39 A			
rtificate k	physicia anpapers emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), and BY: E CAUSE (a)	"A fre	11 - 164th	icomb ust.	itne	APPROXIM BETWEEN O	MATE INTERVAL MSET AND DEATH
that the death ce	l by the attending cose remave carbo al, cremation, ar ri r ather traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	10	ourin,	Acionso,	2 CDA			
equires	Then pli to buri	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO C	EATH BUT NO	OMISSING TERM	NAL DISEASE OR COND	ITION GIVEN	N PART 1(o	
he law n	thos been it permit iene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	G CAUSES (OS USED OF DEATH? NO (3)
SICIAN: 1	s certificate h burial-transit p Mental Hygien ir Item 18 shov		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	YEAR 19	L. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
NG PHY	fter this os the bu th and M arked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ATTENDI	for use of Health		sow the deceased alive on.	tol) attended the deceased from	0	hat in (my) (our) opinion o	eoth occurred on the do	te and hour on		hat (I) (we) last couses stated
AL OR ,	AL DIRE detached ate Dept IT; If Iten		22b. SIGNATURE	Merman 10		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	6 81
HOSPIT ained by	should be with the Str		220. PHYSICIAN'S NAME (TYPE OF	HERMON1	22	e. ADDRESS				
e o	F ₹ 3 ₹	220	BLIDIAL CREMATION DEMOVAL	1225 DATE 1237 N	JAME OF CEMI	ETERY OR CREMATORY	123d LOCATION			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Middletown Apr.20,1981 24ROBERTCTC. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

23d LOCATION CITY OR TOWN
Middletown, 23c. NAME OF CEMETERY OR CREMATORY R.I. Newport,

				Z
			gew - Te	
	MEST AL VI	pa ed M	siano 7	
yold heady is		Lau	Bhode inland	
		vaca filmulati		
THE SECOND OF			Laude Telephi	
	Bins di	bankaek	All sargest	
The fact of the	. It was to	N848043001 (2011)		
	7000 - 7100			
Songy/				
	1102-15			
		nel transportabil	ST 00 0	
	cr. o	There ex 7		
A DESCRIPTION OF THE PROPERTY.		10P1 02		
	21:14	distanti de la	pretta (00)	



Box	It	em 19b G554 4,		STATE OF MARYLAND	0 1 0	9940
de d	1	FOR STATE REGISTRAR	DEP/	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		, , , ,
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be t			HN T. KERR		APRIL	
ê AWA	3. SE	X M	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
960	12.0	IDTHIOLAST	W	NOV 22 1903	YRS BALTIMORE CITY OR COUN	
funeral france of at ance	70.0	IRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE	76. CITIZEN OF WHAT COUN'	MARRIED NEVER MARRIED	BAITIMONE	RK. GITY MD
ie w ei	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Zor off	0	BALTO.	STIAGNES	HOSPITAL	(1772 OF WORK FOR MOST OF WORKING	(ALE)
MARYLAND 2120' red within 24 hours ampletely filled in by and 2 shauld be file	130.	AL RESIDENCE (IF NURSING HOMES STATE 136 COU	INTY 13c. CITY OR		13e. STREET ADDRESS	arnepie po
tYLAND 2 thin 24 h tely filled 2 shauld t	14. F.	ATHER'S NAME	ALIO RAIOIT	SVILLE YES NO X	AME	REPERICK RD
E, MARN	00	OHN M	KEK	R MARY	WIDDLE	LAST
		YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	
e 50 p		NO	270.4	4.3801 KIZHARD K	ERR 1105 F1	
		PART I. DE ATH WAS CAUS	1 / 1 / / / /	o velstratory	Arnest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ston st fending e carbar on, ar ref	8	4414 IMMEDIA	DUE TO, ORAS A CONS	1 1	01	
death death attend attend artend artend artend artend artend artend artend artendary, or artendary artenda		Conditions, if ony, which gove rise to immediate	1 1 0 1 1	icenia, Candral	eulun,	CS - 1 - 1 - CS -
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbang than Amental Hygiene prior to burial, cremation, ar remained on them 18 shows any injury, or ather traumatic even and the structure or the contract of the structure or the structure of the structure or the structure of the structure or the structure of the structur		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF Pulymone	a odema.	
ned the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	200	GIVEN IN PART 1(0)
ORDS, ; require require to then time to but int to but y injury,	NO N		Abdominal	(range and the second
LI RECO	CERTIFICATION	S 23 A 3133	Resentant	THE EXPLOYED A	IN CER	YES, WERE FINDINGS USED TIPYING CAUSES OF DEATH?
VITAL RI NS: The le hysician. icate has ransit per Hygiene 18 shaws	GERT	1 1 1 1 1 1 1 1	215 TIME OF INJURY	711, HOW INJURY OCCU	REPO (INTER CATURE OF PRIMER PARTIES)	YES NO D
N OF VITA (SICIAN: Ti ing physici certificate urial-transit Aental Hyani them 18 sh		OR CONTRIBUTING CAUSE OF DE		DXY YEAR		
VISION OF Y G PHYSICIAT are this certific the buriol-tr and Mental II ked or Item	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY (at HOME, STREET, FACTORY, OF	ZIF LOCATION	CITY OR TOWN	COUNTY SIATE
DIVISION OF LAND OF LA	-	AT WORK AT WORK		11/12	1 11/	01
		22a. I certify that (I) (this hasp saw the deceased alive a	pital) attended the deceased from		n death accurred on the date and h	nur and from the courses stated
OR ATTEN te hospital DIRECTOR: ached far us Dept. of He		obove, (I) (wr) (did) (did n	at) view the body offer death	DEGREE	death accorded by the date and h	220 DATE SIGNED
AL OR. the had DIRE letached the Depth of Till Henry Ti		Eten	-6- m	. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	45/81
HOSPIT.		22d. PHYSICIAN NAME (TYPE		22e. ADDRESS	A 8	11-1-
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detained with the State Dishould be detained.		LIEM T	·IMOKE	STAGNI	55 HOSPIT	AL
	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY AND STATE
BP	24. F	UNERAL DIRECTOR	4-8-81	NEW CATHEDRA	ATE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNASTIAN
DHMH-16 30M 2/80 (VRA 15, 4)		ERER FUNERA	AL HOME ED	MONDSON AVE A	PR 9 1981	1 y Ma Brooky

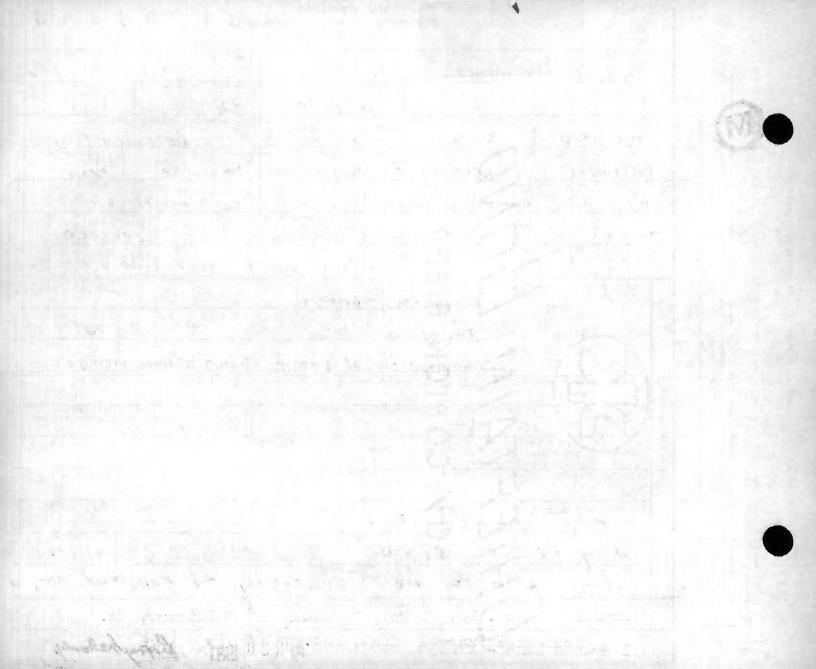
The section of the se The state of the s The same that the same of the AND SERVICE KEEK MARKETER NE STANDARD BERKERSTONER HEALT FOREIGN ON The state of the s ALLE MENT OF THE LEADING TO A COLUMN TO THE SECOND TO THE EURINA TOS SU MEN CAPACIONE BALL CALL

Lto		FOR		D	ST.		ARYLAND AND MENTAL	HYGIENE	0	9 9	14	1		
41		STATE REGISTRAR			DICAL EXAMI				REG. NO.).				
		CEASED NAME	FIRST		WIDDLE		LAST	20. DAT	E KNOWN X	MONTH D	DAY YEAR	26 HOUR		
ESES SA			Jame		н.		eys	DEAT	H MATED		3 19 81	M		
	Section 1	Male B	lack	5. DATE OF BIRTH		YEARS IF UN IDAY) MONTH YRS.		DE	UNCED AD	4 1	3 ₁₉ 81	24 HOUR 5:21 P.M		
1	AL BIRTHPLACE ISTATE DA TO. CITIZEN NOMESIA COLDERRY				USA 6. MARRIED 12. NEVER MARRIED 9. BALTIMORE CITY OR COUNT									
Markecokos, 201		ryortownord altimore	PEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOA JILITY, GIVE STREET ADDRESS MORIAL HOS	}	er institution	12a. USUAL OCC	CUPATION (TYPE (YORKING LIFE)	OF WORK 12b.	OR INDUSTR	SINESS Y		
35	13a. S		13b. COUN		Baltimo		13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADD	Forest	Gle	n Rd.			
DC	14. FA	THER'S NAME Reuben		MIDDLE	Keys		15. MOTHER'S MAI	DEN NAME	MIDDLE		Stith			
1	16a. W	(AS DECEASED EV S, NO. OR UNKNOWN) Yes		MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR 214-26-		Sallie	A. Keys	ADDRESS 2920	Fores	st Gle	en Ro		
HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	Z.	Conditions, fit any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
D, 21201 PRIOR TO BURIAL, CR	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			2	20 AUTOPSY?	NO 🗆		
3		210 EXTERNAL CA UNDERLYING X CONTRIBUTING	XOR		MONTH DAY YE	AR	subject wa		INJURY IN ITEM 18 PA	ART 1 OR PART 2)		NO L		
140117	MEDICAL	21d. INJURY OCCU WHILE XXNO AT WORK AT	IRRÉD	21e PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LO	CATION TREET	Street, Ba		COUNTY	Md.	STATE		
BALTIMORE, MARYLAND, 2			on: Natur	ge of the remains descral causes , , , , , , , , , , , , , , , , , ,	Accident , s	Autap SuicideM	Hamicide XX TITLE (SPECIFY) D. ASSISTAT	V Undetermined	manner ,	DATE	4-14-8	31		
AFTE BAU	23a.B	URIAL, CREMATION PECLES Burial	I.REMOVAL 2		23c. NAME OF C	EMETERY C		23d, LOCATION	٧_	COUNTY	MD st	ATE		
MH - 17 15 ME (5))	24 FI	JNERAL DIRECTOR		ADDRESS	1 E. Nor	th A		E REC'D. BY REGIST	RAR 256. REGIS	TPER'S SIGN	NATURE	selly		



2	1-:	FOR STATE REGISTRAR				STATE MENT OF HE EXAMINEI	ALTH		ENTAL H	-	B.	REG. N	9	9	4	2
Manari Manari		CÉASED NAME E OR PRINT)		Villiam	MIDDLE H.		l	AST Kj	idwe1	1		NOWIX			year 9 81	2b HOUR
A STORY	3. SEX	ale	4. RACE black	5. DATE OF BIRTH	29	6. AGE (IN YEARS LAST BIRTHDAY) 51 YRS.	MONTH:		IF UNDER Hours	24 HRS.	2c. DATE PRONOUNC DEAD	ED	MONTH 4	23	YEAR 19 81	2d HOUR 3:00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			USA WIDOWED DIVORCED BALTIMORE CITY OF COU						_						
SELAY IS TO THE P SE FILED.	Ва	ltimore			vers:	treet ADDRESS)	rothe	R INSTITUT	TION		AL OCCUPA MOST OF WORKII		PE OF WORK	12b. KIN OR	D OF BUS INDUSTR	SINESS Y
AND 3 TO RETAIN PECORDS	USU A 13a. S1		IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV		DEFORE ADMISSION) OR TOWN Timore		T3d. INSIDE (I Yes	NO [13e STR 2	EET ADDRES	s ark	Hei	ghts	Ter	race
AGES H. P. SAGES H	16a. W	THER'S NAME John AS DECEASED	EVER IN U.S. AR	MIDDLE H.		dwell		15 MOTHE FI F	R'S MAIDE Pranc	EN NAME				Moo	AST	
BALTIN IS AFTER GIVE P WITH FO PAGES DIVISION	(YE	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)		1-26-88	62	Zel	ma D). K	idwel	1 25	49 I		Hgt	
N. RECORDS, 201 W. PRESTON I VUID BE EXECUTED WITHIN 24 H "PENDING" IN FENCIE IN ITEM FF. MEDICAL EXAMINER ALONG ED AS A BURINA - TRANSIT PEN HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL	7 NO	PART I DEATH WAS CAUSED BY: Multiple injuries														
SHOULD SHOULD SHOULD SHOULD SEE USED YE USED YOU HER WILL OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	on for which operation was performed?								20 AUTOPSY? YES TO NO			
DIVISION OF VITAL RECORDS. THIS CRITICATE SHOULD BE EXECTED WATTING THE WORD "PENDING" RWARDED TO THE CHIEF MEDICAL: PAGE 3 SHOULD BE USED AS A BUS STATE DEPARTMENT OF HEALTH AND, 21201 PRIOR TO BURIAL, CREMATI	CAL	21d INJURY O	OR IG CAUSE OF I CCURRED NOT WHILE	DEATH 1:55P.AP	MONTH M 4 OF INJURY ORY, FARM, E	DAY YEAR /13 19 81 (AT HOME, 1C.)	Fe1	L to (deck		CITY OR TOWN	ų		OUNTY	. M	STATE
MEDICAL EXAMINER CUTE THE CERTIFICA ZE A SHOULD BE FO ENDEAL DIRECTOR ER DEATH WITH THE TIMORE MARYLAND TO			y that I took chorg d from: Naty	ge of the remains desc	Accident	ive, held on	Autops)	Hamici TITLE (SF ASS:	Inspection ide, PECIFY) istan	Undeto	Inquiry [ermined mani ICAL EXAMIN	ner NER	nd in my o	opinion LED 4	/24/	
BA DAY DAY	23a.Bl		ION REMOVAL		23c. 1	NAME OF CEME Vestern	ERY OR	CREMATO	ORY	123d, LC	CATION Ballti			CO.		MD OT
73 DHMH-17 (VR A15 ME (5))	-	M. C.	March	F/H 110	1 E	. North	Av	re.	250. DATE F	REC'D BY	REGISTRAR 7 1981	256 REC	R R'S	डाल क्षा		

The state of the s Total Community and the community of the



to although pronount | Court age | Serve of B HOC care | minutes | argined 00% of the constitution of the Colonia The Metallic Str. (24 Early St. nongo, 1995) V. Piller St. 15 The supposed Home of Catherrilles P.A. 21220 APRIL 1 E.

M		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 REG. NO.	0 9 9 4 6
Page 4 may be	1. SE	CEASED NAME FIRST OR PRINT) BEATR RTHPLACE (STATE OR FOREIGN	A RACE To CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH MONTH DAY YEAR R	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
ofter death. The function of the character of the charact	10. C	MD. TY OR TOWN OF DEATH ALTO, AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSIN SET ON HILL OTHER INSTITUTION, GIVE RESIDENCE BEFORE	MANOR	9 BALTIMORE CITY OR C	MD. 12b. KIND OF BUSINESS OR
MORE, MARYLAND 2 e executed within 24 h n and completely filled Pages 1 and 2 shauld 1 medical examiner must	14. FA	VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	MIDDLE MURPI	YES NO IN IS. MOTHER'S MAIDEN NA FIRST MAIDEN NA FIRST MAIDEN NA FIRST MAIDEN NO. 17. INFORMANT	ME MIDDLE ADDRESS	CASPER LAST
5, 201 W. PRESTON ST., BALT ries that the death certificate by the attending physician please remove carbon papers burial, cremation, or removal.	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	inomatosis Stric Carcino	ma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - I MANNAMA - CHAMPHA
SION OF VITAL RECORDS PHYSICIAN: The law requending physicion. This certificate has been site buriol-transit permit. The did Mental Hygiene prior to don them 18 shaws ony injury	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	19 211. LOCATION	YES NO	
HOSPITAL OR ATTENDIned by the hospital or FUNERAL DIRECTOR: A wid be detoched for use in the State Dept. of Heal ORTANT: if them 21 is m	W	WHILE NOT WHILE 122. I certify that (I) (this hospit sow the deceosed alive an above, (I) (we) (did) (did not 22b. SIGNATUPE) WHILE NOT WHILE 122 (A CONTROL OF THE NOR ALL WARDS AND A	Lunzalas	8-13 19.80	MEDICAL STAFF	ond hour and from the causes stated 22c DATE SIGNED 4-13-81
0402 BP	(URIAL, CREMATION, REMOVAL SPECIFY SPECIFY INERAL DIRECTOR INAME INAM	23b. DATE 23c. N SE	ANE OF CEMETERY OR CREMATORY CURITY PROCES 250. AT	23d. LOCATION CITY OF TOWN CITY	COUNTY STATE REPOTRAR'S SIGNATURE

THE PARTY OF THE CO. Zada Anti BALTER LISTED H. C. PIRUSE LISTED window with assets of the sound BENEFIT TERMINERS TO A NORW C SAND G WIRE THE STATE THE WARRENCE STATE OF THE SHAPE Charles Total Comment Backs of Department APR 1 5 1981 Final Property of the Property of

7	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8	099	4 7		
ge 4 moy the		CEASED NAME FIRST E ORPRINT) X FEMALE	A H. RACE CAUC.	S. DATE OF MONT	EMCK) DF BIRTH 20/96 VEAR	20. DATE OF DEATH 4 1 8 8 6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR MONTHS DAYS	26. HOUR 1210P IF UNDER 74 HRS HOURS MIN.		
deoth Poge		IRTHPLACE (STATE OR FOREIGN COUNTRY) O ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COU	MARRIE WIDOW NURSING HOME	D NEVER MARRIED DIVORCED DIVORCED	0 11-	COUNTY OF DEATH	ME OF BUSINESS OR		
hours ofter d in by the be filed wi	USU 130	DA HIMURE AL RESIDENCE (IF NURSING HOME OF STATE 1136 COU	(IF NOT IN SUCH FACULTY, GIVE OTHER INSTITUTION, GIVE RESIDENCE	VE STREET ADDRESS) 7.0 2 1 FT CE BEFORE ADMISSION)	AzspitA1	TYPE OF WORK FOR MOST OF RET I R	WORKING LIFE) INDUSTRY			
ed within 24 h		MD, ATHER'S NAME FIRST	- B.	ALJO,	YES X NO 1	3435	PLEASER	T PC,		
te be executed in ond comparers. Poges 1 on ond to on the medical early the early the medical early the medical early the early the early		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	MED FORCES? 16b SOCIA	AL SECURITY NO.	17 INFORMANT SON	ADDRE		KIMATE INTERVAL ONSET AND DEATH		
equires that the death certification is signed by the attending phys. Then please remove carban pop to burial, cremation, or removaliury, or other traumatic event,	NO	NO	NO	PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) Corgo DUE TO, OR AS A CON (c)	NSEQUENCE OF	+ Faile NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PART 1	01
on. he low re hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	1	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?		
ATTENDING PHYSICIAN: The low requirespecial or otherding physicion. ECTOR: After this certificate horson sign of tor use as the buriol-tronsit permit. Then it, of Health and Mental Hygiene prior to be m 21 is marked or tem 18 shows any injury.	MEDICAL CER		ATH HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC.) from 3/18	21t. HOW INJURY OCCURRI 21t. LOCATION STREET 19 19 10 10 10 10 10 10 10 10	CITY OR TOW	OUNTY, 19			
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched with the Stote Dept. IMPORTANT: If them	23a.	BURIAL, CREMATION, REMOVAL	236 DATE 4/10/8/		DEGREE ATTENDING PHYSICIAN 22e ADDRESS LEMETERY OR CREMATORY CAMAL	MEDICAL STAFIDIRECTOR PHYSICI	_/ 11.1	STATE		
DHMH-16 30M 2/80 (VRA 15, 4)	24	UNERAL DIRECTOR	C 2	DDRESS /	25e. DATE		SI REGISTRAR'S SIGNA	TURE		

48R I O 1881 Shortey McChanney

(h)	1-5	FOR							ENT O		TH AN	ND ME	NTAL F	YGIE	DEATH										
		EASED NAME		FIRST		WE	MIDDLE		KAMI	NER'S	CER	TIFIC	AIEC	OF DEA	ATH		G. NO.								
W		OR PRINT)			_	44				141		100			OF				DAY	YEAR	26 HOUR				
EASE TOR TOR TOR SURE TEET	3. SEX		RACE	nomás		Shaw OF BIRTH		16	AGE (IN		UNDER	-	IF UNDER	24 LIDS	2c. DA	H MATE	נט נו	4 MONTH	14 DAY	19 81	2d HOUR				
DIRECTOR POLICE ON STATEMENT ON STATEMENT ON STATEMENT ON STATEMENT OF	Ма	le	Whit		MONTH 5	27	196	4	16		NTHS	DAYS	HOURS	MIN.	PRONO	UNCED		4	14	19 81	1:45 a.m				
IS NECESSARY, PLEASE EVINERAL DIRECTOR. E 5 FOR YOUR FILES. E), WITHIN 72 INOURS. I W. PRESTON STREET,		RTHPLACE (STA				EN OF W	HAT CO	OUNTR	Y?		RRIED	☐ NEV	ER MARR			Balt	_	_		DEATH	MD				
7. 2, AND 3 TO THE FUI 7. 3. RETAIN PAGE 5. 1 2. SHOULD BE FILED, V	H	11. NAM		ACILITY, GR	VE STRE	ET ADDRES			NSTITUT	TION	12a. USI FOR	MALOCO MOST OF W	CUPATION VORKING LIF	N (TYPE C	OF WORK	OR INDUSTRY Student									
RETAIN HOUID RECORD	13a. ST	Md. Balt				13d CITY OR TOWN 13d CITY OR TOWN 13d INSIDE (ITY LIMITS) 13e STREET ADDRESS C VES NO & IT 16 Greenway							Coc y R	ockeysville. Road Md.											
MAL N	14. FA	THER'S NAME			MIDDLE			LAS	ST		15.	MOTHE	R'S MAID	ENNAME		MIDDLE			LAST						
2350		Richard	Car	_		lein						roly	1			Pfad	denhauer								
Noisiv	16a. W (YE	AS DECEASED S, NO, OR UNKNOV NO	EVER IN	FYES, GIVE W	VAR OR DAT	CES? ES)	16b. S	SOCIA	AL SECUR	HTY NO.		Mr.	Ricl	nard	C.		oress .nta:	nk,	111		y Rd. reen				
E, DIN		18 CAUSE OF PART I DEA	DEATH	(Enter only	y one cou	one couse per line for (a), (b), and (c).)								-	BET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT									
R ALONG WITH FORM PM 3. SIT PERMIT, PAGES I AND 2.SI HYGIENE, DIVISION OF WITH MOVAL.		010		MMEDIATE	E CAUSE						ies	, He	ead a	ind I	ett	Leg									
TO MEDICAL EXAMINES ALONG THE MEDICAL EXAMINES FOR HEALTH AND MENTAL HYGIEN I, CREMATION, OR REMOVAL	>	Condition	s. if on	v. which	DI	JE TO, OI	RASAC	ONSE	EQUENC	E OF									7 8						
RAPE		gove rise			1	(b)	AS A C	ONICE	OUENIC	r 0r									-						
N. O.		lying cous			1	(-)	(A) A C	.01436	COLINC	E OF															
HAND	z	PART 2 OTNER SIG	NIFICANT C	ONOITIONS C	(c). IONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).																				
TOF HEALI	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?													
247	IFIC.																			YES [NO [X]				
D 21201 PRIOR TO BUR	ERT	21a EXTERNA			21	b TIME O	F INJUR						OCCURRE	D LENTER	NATURE OF	INJURY IN F	TEM 18 PA	RT I OR PA		tract					
Slok	CAL	UNDERLYING CONTRIBUTIN	IG CA	USE OF D	EATH	20xx	ú. 4	-	DAY YE	31 1	asse ger		of au	to t	hat	stru	ck p	park	ed	traci					
1	MED	VHILE				STREET, FAC	TORY, FAR	M, ETC.	(AT HOME,		STREET				· CITY OR			co	YINUC		STATE				
213		AT WORK	AT WO	RK 🔼			road			Cı	anb	rook	k Rd.		0 ft	. N.				a Rd.					
0		220 certify				emoins de				Г	opsy [J	Inspectio	-	Inqui	,		al to	plinton .	. , Mc	1.				
図り		deoth resulte	d from:	Noture	ol couses		Accide	ent L2	٠, لــــــــــــــــــــــــــــــــــــ	Suicide L		Homici		Undet	ermined	monner	LJ.								
E MARTHES		ACTUAL SIGNATURE_	Du	Sm	a	20	slas	n				Ass	istar	+ MED	CAL EX	AMINER		DATE	ED_4	4-14-	-81				
TO FUNEAL DI AFTER DEATH, W BALTIMORE, MAI		EXAMINER'S N (TYPE OR PRIN	NAME IT)	Vir	gini	a L.	Dol	an,	, M.I	0.		RESS				Stre	et			TE.					
OF A —	(SF	IRIAL, CREMAT	IŌN, REA							EMETERY				23d. LC	OCATION OR TOWN	4		COU	יזווע	, s	TATE				
	E	Burial		4	4/18	/81		Ne	w C	athe	dra					mor				nd					
7		NERAL DIRECT			. 1	ADDRES TAT	Do	40	min	D.d		12	25a. DATE	REC'D. BY	REGIST	RAR 256	REGIS	RAR'S	SIGN	W. Car	de				
5))	Ma	artin D	. La	wso.	n, l	U W	. Pa	iao	nia	Ra.				PKI	G C	701	-	1	/		1				

Mr. Stewer U. Establish, Million

Marvin L. Lewson, 10 W. Fadonia Rd. . Appl E 381 Tr.

AND THE RESERVE OF THE PROPERTY OF THE PROPERT I waste to some me to the first of the property much

diller in the second in the se The state of the s equipolities a new thirst half the property 1 24-K-12-21-K-15-2

Jame's S. Kirkley, Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

• FOR

- STATE

(VRA 15, 4)

decomposite of a visit 215-07-2847 John Namelies, Wil Henor Bond Tieren ... A pr. of Later all Inframe alvolation to run P I line



moy be

FOR STATE

e must be notified at ance.

injury, or other troumotic event, the

MAPORTANT: If them 21 is marked or them 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DAFREC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

		REGISTRAR				CEKIII	ICATE OF D	EATH	RI	G. NO.			
١		CEASED NAME E OR PRINT)	Mart		MIDDLE		iasi Knight		20. DATE OF DEA	ATH M		DAY YEAR	26 HOUR 3:42P
	3. SE:	X		4. RACE			OF BIRTH		6. AGE (IN YEARS I	- ,		IF UNDER I YEAR	R IF UNDER 24 HRS
H	F	emale	150	White		Feb.	17,	1899	82		YRS.	MONTHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR F COUNTRY) ennsylvani		76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOW	DE NEVERA	AARRIED .	9 BALTIMORE C		COUNTY		416
8	10. C	Baltimore	тн	II. NAME OF	HOSPITAL, NURSI HEACILITY, GIVE STREE Y land Ger	NG HOME (OR OTHER INST	ITUTION	120 USUAL OCC	UPATIO	N	12b. KIND INDUSTRY	MD. OF BUSINESS OR ation
5	130. 5	AL RESIDENCE (IF NURS STATE laryland	136 COUN	other institution. ITY roll	130. CITY OR TON Sykesvi	VN	13d INSIDE C	NO 🔼	7200 Th	ress	Aven	ue, Co	ttage C15
1	14. FA	James	J	acob	Resh			maiden na		DDLE	Buc	kingha	ast M
2		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	214-40-		Lawre	nce Kni	ght Syk	O Ti esvi	ird lle,		21784
	Z	Conditions, if any, gave rise to immacause (a), statin underlying cause PART 2 OTHER SIGN	g the last.	DUE TO, O		MYOC	ardial NOT RELATED	Infarct	INAL DISEASE OR				(a)
2	CERTIFICATION	HYPOALD			ITION FOR WHICH				20m AUTOPSY YES □ NO	7	20b. IF YES IN CERTIF	, WERE FIND	INGS USED S OF DEATH?
?		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	113	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE C	OF INJURY	PART I OR PART 2)		
	MFDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO		218. PLACE (AT HOME, STE	REET, FACTORY, OFFICE		21f. LOCATIC)N	CITY	ORTOW	4	COUNTY	STATE
		sow the decease abave, A) (we) (c			3	Februa 81	VV	(aur) apinion (, to April death occurred on	the date	and hau	r and fram the	tho (1 (we) last e causes stated
		22b. SIGNATURE	4	ishe	-		MA A	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	IN XX	22c. DAT	E SIGNED
1		226. PHYSICIAN'S NA	100	C10.0	1-1-64	PV P	22e ADDRES				A	30-46	
		Eric Fi							land Gene		Hos	pital	
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 4/6/8			emetery or cark Ch.		23d LOCATION CITY OR TO PROPERTY Reis	WN	town	COUNTY Balt	state Md.

ADDRESS

Owings Mills Md

DHMH-16 30M 2/80 (VRA 15, 4)



April 3, 1981 3:12	ingina		Arthe	
	U. 171 1896			to Capital.
Paltimore City				siney/youts
moduleness dispertion	letigaph	land Genera	15	37-13168
Committee of the wind of the control		Minney	Timene C	Manghand
Andrea Million	midfall.	Sank	donati	mount,
APPER OF THE STATE	bill somrus!			
	me i lod	na vrsnomiu		
	onulina ands	lovid sono.		
no!	cardial Infarct	laferior Hyo		
Cartheads (Santana				
AND				
April 3 SI XX	UBFY 1 XX	13	XXX April	X
xx			N. I.	
land General Mosnital	c/o Paryl		Heliado, M	olim y L
	41 - 2 - 40 Mag			Sa Public

STATE OF MARYLAND

A Litture Towns To A STATE OF THE STA The state of the s

STATE OF MARYLAND

	Attail and a second				
A SELECTION OF STREET	v Edit		Agreen compa-	. +0	Faito.
.07% 940	x 13 ker		Lilvano - 5	.od:168	AL AL
Letrician	1-mm	reflection.	ed to the design of	. "	EELIS
ble elliveroid .or.	sine (5 die	. • 44	846 50 088	rT	
	Wast Track	The same			
2 280 28	108/17				
			21(0.13/1)		
		A STATE	21(0.13/1)	10 3/10	

Walter Brooks Bradley Inc. Balto., Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

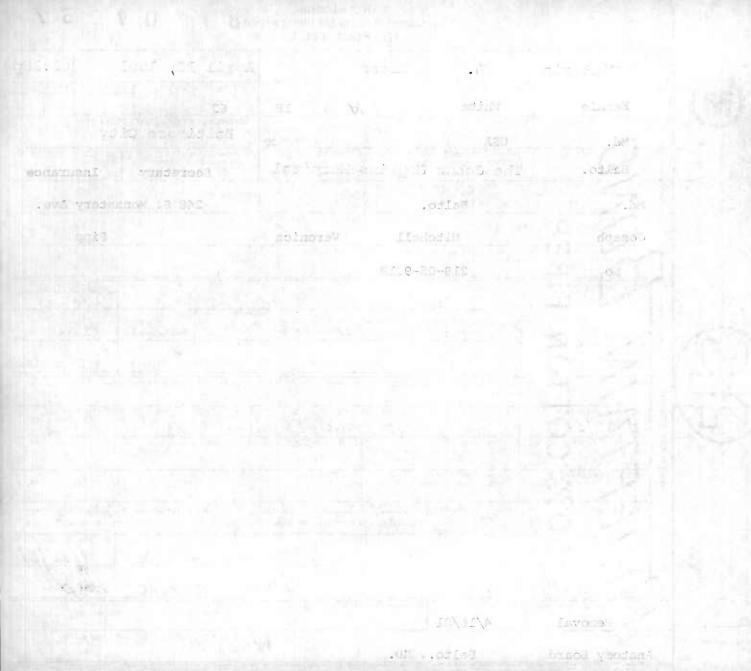
DHMH - 16 50M 7/77 (VRA 15 (4))

REG. NO. 20. DATE OF DEATH 26 HOUR 150 IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 980 Dalton Avenue 21224 Marcomin Joppa, Md. 21085 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO N COUNTY STATE _, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REVISTRAR'S SUBNATURE

STATE

made of the tends of period to a second of the second The supplied them to provide the state of



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

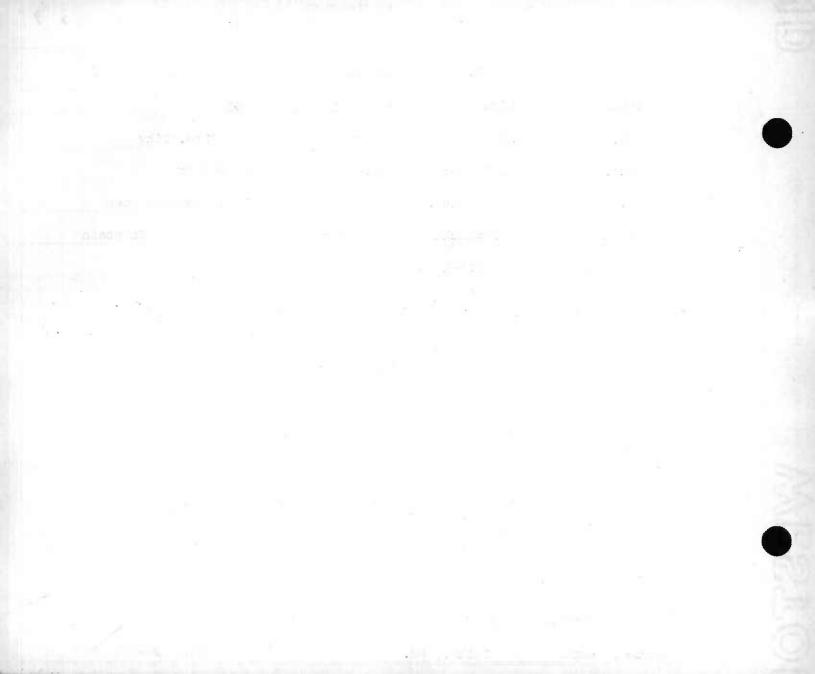
STATE OF MARYLAND

5x g554 4/21/81 gi

FOR

(VRA 15, 4) 1/79

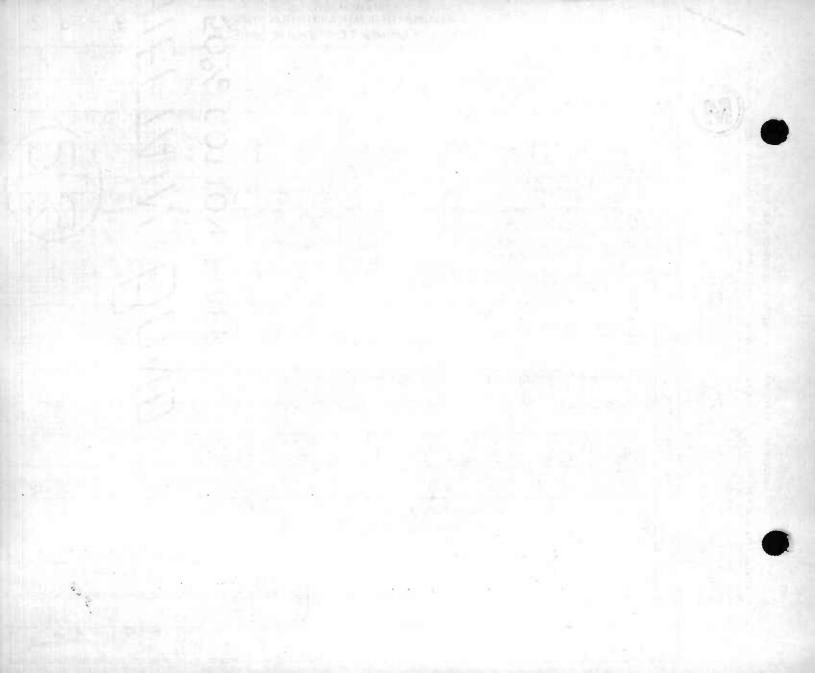
the allowantes Subser) warmers I form, and, and in the learn time.



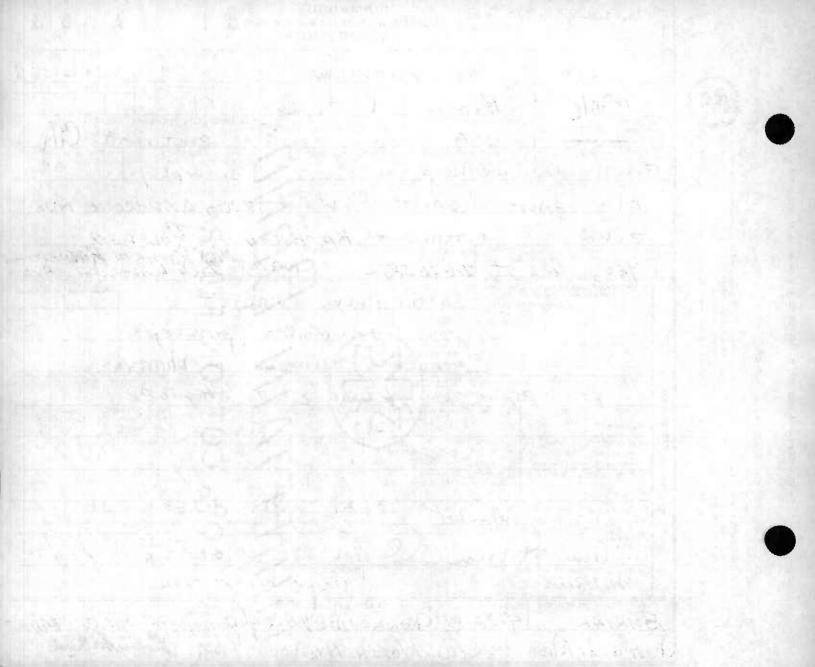
	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENES 1 C	19960
boy be compared by be		CEASED NAME SADIE	MIDDLE	KIJI	RSHNER	20. DATE OF DEATH MONTH	-20-81 9 P.M
ector, pog	3. SE>	Female	4. RACE WHITE	X 8	PERIOD 1908 - XXX - / PXX	6. AGE (IN YEARS LAST BIRTHDAY) 7 72 XXX	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Podeoth. Podeo	CC	POLAND	USA	WIDOWI	The same of the sa	X Ballino	RE CITY MD
201 irs after of the full filed with filed	1	3ALTIMORE	LEVINDAL	E STREET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK EMPLOYEE	KING LIFE) 128. KIND OF BUSINESS OR INDUSTRY MILLER BROS.
AND 2120 in 24 hours y filled in b hould be fil	13a. S	MARYLAND	NTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN TIMORE	13d INSIDE CITY LIMITS? YEXXX NO 15. MOTHER'S MAIDEN N	13e. STREET ADDRESS 3938 BOARMA	N AVE. #21215
MARYLA ted within ompletely it and 2 sho		THER'S NAME FIRST EPHRAIM	KURSH		SOPHIE	WIDDIE	SHUGARMAN
TIMORE, M. be executed on and camp s. Pages ar		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	C 1444 D OR D 4 TCC)	AL SECURITY NO.	4TH PL., MA	RS. FRIEDAPFIS RGATE, FL	33063
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages and 2 should be fill the and Mental Hygiene prior to burial, cremation, or remayal. and a shows any injury, or ather traumatic event, the medical examiner must be an acceptance of the medical examiner must be an acceptance.		Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A COM	Le Ita Vertosci Vertosci Visequence of	lenotic b	Myocardial infancti least dise	on ale yrs.
TAL RECORDS, 20 The law requires icion. Is been signed to be priced to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR		ON WAS PERFORMED	200 AUTOPSY? 20b YES NO NOTE:	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YESNO
DIVISION OF VITA DING PHYSICIAN: The ar attending physicia Affer this certificate eas the buriot-transit althout Awarda Hygis marked or Item 18 sho	MEDICAL CE	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING ALSO FOR CIFETHER, NOTIFY MEDICAL EXAMINER CIG. INJURY OCCURRED WHILE ON WHILE ON WHILE AT WORK AT WORK	HOUR A.M. MON	TH DAY YEAR 19 OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND: ortal or TOR: A for use of Heal		220. I certify that (this hasp saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE	Colomo a Maria	2481	nd that in (my) (aur) apin a	, to	ndmaur and fram the causes stated 22c. DATE SIGNED
TO HOSPITAL OR A retained by the hast TO FUNERAL DIREC should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		ATTENDING PHYSICIAN	MEDICAL STAFF PHYSICIAN CONTROL PHYSICIAN	center 2 Hospital
TO HO To Figure 1	23a E	SURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1 23b. DATE 4/21/81		CEMETERY OR CREMATORY EI ZION	23d LOCATION CITY OF TOWN	E BALTO . STATE MD
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	UNERAL DIRECTOR SOL NAME 6010 REISTERSTO	LEVINSON & BAL		C. 25a: D	ATE REC'D, BY REGISTRAR 25h	

STATE OF MARYLAND

	21	1,	FOR			DI	EPARTME			ARYLAN AND ME		YGIEN	E ;	ก	0	9	6	2		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY. PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNITHED FORWARDED TO THE PRESENCE A SHOULD BE FORWARDED TO THE PRESENCE A SHOULD BE FORWARDED TO THE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5.	0-1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE O									ATEO	OF DEATH REG. NO.						Em		
			CEASED NAME	FIRST		1	MIDDLE		115	LAST			20. DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	26. HOUR		
	ELES PASE			Geoi			R.		Kut				DEATH	MATED [] 4	13	19 81	M		
	A STEER	3. SE	× I	I. RACE		DAY	YE AR L	AGE (IN YEARS AST BIRTHDAY)			IF UNDER	24 HRS.	PRONOUN	ICED	MÖNÍH	DAY	YEAR	3:41		
	ARY ARY		ale IRTHPLACE (STA	Black	12	18	22 S	58 YRS.					DEAD	ORE CITY	4	13	19 81	D.M		
	G S S S S S S S S S S S S S S S S S S S		OREIGN COUNTRY)	MD	III. CITIZEIN			-		ED NEV				altimo	_		JEAIN			
	S S S S	10. C	ITY OR TOWN C	II. NAME OF	USA	ITAL NURSIN	IG HOME (WIDOW OR OTH	ER INSTITUT	DIVORC			PATION (TY			ND OF BU	MD.			
	PAGE PAGE		Baltimor	(IF NOT IN SI 165	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1650 N. Bentalou Street OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)										OR INDUSTRY					
21201	RETAIN RECORD		AL RESIDENCE (I	F IN NURSING HOME (ION, GIVE	13c CITY OR		·	13d. INSIDE CIT	IY LIMITS?	13e STR	EELADDRE 650 N	ss V. Be	nta.	lou	St.			
			ATHER'S NAME		WIDDLE		LAST			15. MOTHE	R'S MAIDE	N NAME		IDDLE			LAST			
ORE, ORE, ORE, ORE, ORE, ORE, ORE, ORE,		-	Frede				Kutch			1			J.	J. 1			Matthews			
TIMO	F PA FOR ON	160.	WAS DECEASED YES, NO, OR UNKNOW YES	EVER IN U.S. AR.	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 216-12-0190 James Kutcl								ADDRESS							
BAL	S AF GIN ITH PAG IVISI								.90	Jame	s Ku	tch	3311	DOI	fie.					
ST.,	MIT.		18. CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	D BY.											BET	PPROXIMAT WEEN ONSE	T AND DEATH		
O N	SER SER	L HYGIEN EMOVAL	IMMEDIATE CAUSE (a) Shotgun Wound of Head (DUE TO, OR AS A CONSEQUENCE OF																	
RES	ER A		Conditions, if any, which																	
*	MING	15	cause (a) s	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF																
20	EXA EXA D M		lying cause last.																	
ORDS	DING" DICAL DICAL A BUI TH AN	Z	PART 2 OTNER SIG	NIFICANT CONDITIONS	OEATH BU	TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
S S S S S S S S S S S S S S S S S S S	MEN PEN PEN PEN PEN PEN PEN PEN PEN PEN P	CERTIFICATION	19s. DATE OF C	OPERATION	ONDITIO	ITION FOR WHICH OPERATION WAS PERFORMED?								20, AUTOPSY?						
ITAL	NE OF I	F														(head only				
OF.	AFE WOOD BE WO		210 EXTERNAL			ME OF IN	NJURY MONTH DA	Y YEAR	21c HC	W INJURY (OCCURRE	D (ENTER	NATURE OF INJ	URY IN ITEM 18	PART I OR P					
NO	OR TO DE LA PROPERTIE DE LA PR	MEDICAL		G 🗌 CAUSE OF I	DEATH ?	P.M.	4 13		su	bject	shot	him	self							
IVIS	OEP DEP	N G	21d. INJURY OF		STREE	T, FACTOR	RY, FARM, ETC.)	T HOME,	S1	CATION			CITY OR TO	WN	c	OUNTY		STATE		
۵	WAR WAR PAGE 2120	-	AT WORK	AT WORK		Hon			165		<u>Benta</u>	lou	St.,	Baltin	more,	,		Md.		
	FOR HES	1	220 I certify	that I taak charg	ge of the remain	ns descri	ibed abave, I	nead C	on y	<u>/</u> XXI.	Inspection	n .	Inquiry		nd in my o	pinian				
	PER		death resulted	fram: Natu	ral causes 🔲	, A	Accident	, Suicie	de XX	Homici	de 🔲	Undet	ermined mo	nner .						
	WAN WAR		ACTUAL	MARIL	X X	20	Pa.			TITLE (SP				-	DATE	. 1	-14-8) 1		
	SHE SHE		SIGNATURE_	1	wee z	n	Carc		M.	D.Assis	o I all I	MED	ICAL EXAM	INER	SIGN	IED_4	-14-0) 1		
	MED SER P	2	EXAMINER'S N	AME Virg	inia L.	Dol	lan. M	.D.		ADDRESS	- 11	1 Pe	nn St	reet						
	PAGE EXE	23a. E		ON, REMOVAL						RCREMATO	RY		CATION altin			unty °		ATE		
	BP		Buri		4/17/8	31	Ba	ltimo	re	Nati	1 Ce						MD	AIC		
1503	DHMH - 17	1	UNERAL DIRECT		T /** AP	DRESS				1	So. DATE R	EC'D. BY		R 25b. REG	IST CAR'S	SIGNA	RE	-		
	(VR A15 ME (5)) 15M 2/80	V	Vm. C.	March :	r/H 1	101	L E. I	North	ı Av	re.	- 1	APK :	1 5 19	3		1		7		



	1	#768, FilmG555 5/8/81 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 9 6 3	3
3	9	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	Tag
		DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR	?
e Pe	/_	EVARL W KUTCHERMAN 4 23 1 2135	5 A
ge 4 go) 3	SEX A. RACE S. DATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS YRS. YRS.	A HRS
th. Poo	6	BIRTHPLACE (MATCHERING TO COUNTY OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED HEVER MARRIED AND BALTIMORE CITY OR COUNTY OF DEATH	
op de		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. KIND OF BUSINGS	MD. SS OR
s offin	8	BALTI WOKE UNIV. HOSPITAL UNEMPLOY.	
AND 212 24 hour filled in rould be	1	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. COUNTY 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 139. STREET ADDRESS 130. STREET ADDRESS	
RYL vithir vithir i 2 sh	1	FATHER'S NAME FIRST, MIDDLE 15. MOTHER'S MAIDEN NAME FIRST, MIDDLE LAST LAST	2
month of the complex	XC.	JOHN KUTCHERWAN KATHRYU BARBUR	
be executon ond con on	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT MRS. ADDRESS HRYN ROBATION CHART TO THE TOTAL ADDRESS HRYN ROBATION AND CHART TO THE TOTAL ADDRESS HRYN ROBATION ADDRESS HRYN ROBATION AND CHART TO THE TOTAL ADDRESS H	2014n
BALI, BALI		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	EATH .
N ST.		1491 IMMEDIATE CAUSE (0) CATCO TO COM WILLES!	
he death c motion, or		Conditions, if ony, which (b) POSS PUREUMONIA, POSS SEPSIS	
W. PRI		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CARCINO WA OF RHARYNX (c) STAGE IV CARCINO WA	
ned ined in plea		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	=
ORDS		POSS ASPINATION. + WBC 20 TO CHEMORX	
he law on. hos ber i permit ene pric	9	POSS ASPINATION . WBC 25 TO CHEMOPY 190. DATE OPOPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	4?
JOF VITA SICIAN: The gg physicio certificate riol-tronsit ental-tronsit frem 18 sho	5	210. ACCIDENT WAS UNDERLYING 2 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) OR CONTRIBUTION C CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
A OF VITA SICIAN: T ag physici certificate riol-tronsi ental Hygg frem 18 sh	1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION OF VIT AL RECORDS, OF PHYSICIAN: The law required that this certificate has been signs, the buriot tronsit permit. Ther thood Mental Hygiene prior to brocked or them 18 shaws ony nigure.	0	COUNTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICALEXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION CITY ORTOWN COUNTY STA	ATE
A S. A or see lead a sm		22a.l certify that (1) (this hospital) attended the deceased from 3 29 , 19 81 , to 4/23 , 19 10 , that (1) (we	,
A ATTEND hospitol o RECTOR: A ed for use pt. of Heo		saw the deceased alive on 4/22/3/19, and that in (my) (our) opinion death occurred on the date and hour and from the causes state above (1) (we) (did) (did not) view the body after death.	ted
# Per		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MEDICAL STAFF	1
TO HOSPITAL retained by t TO FUNERAL should be det with the Store	T	22d. PHYSICIAN'S NAME (TYPE OR PRINT). MARINELLI UNIV. NOSPITAL	
TO HOS retained TO FUN should to with the	1		
	2	38 BIRIAL, CREMATION, REMOVAL 23D. DATE 23C. NAME OF CEMETERY OR CREMATORY 23D LOCATION COUNTY FOR THE COUNTY COUN	6
50 9 DHMH- 16 30M 2/80	2	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 GISTRAR	_
(VRA 15, 4)		horsed by Gian 22274 Ochess / NO. 71 AVA ADD 27 1981	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO YEAR 2b. HOUR 8 IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 509 PARKSLEY AVENUE, 21223 LAST CROWL SHARON LEE ELBURN 511 PARKSLEY AVENUE, 21223 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16

21229

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DHMH-16 30M 2/80

24. FUNERAL DIRECTOR

(VRA 15, 4)

COUNTY

YES [

MARYLAND

22c. DATE SIGNED

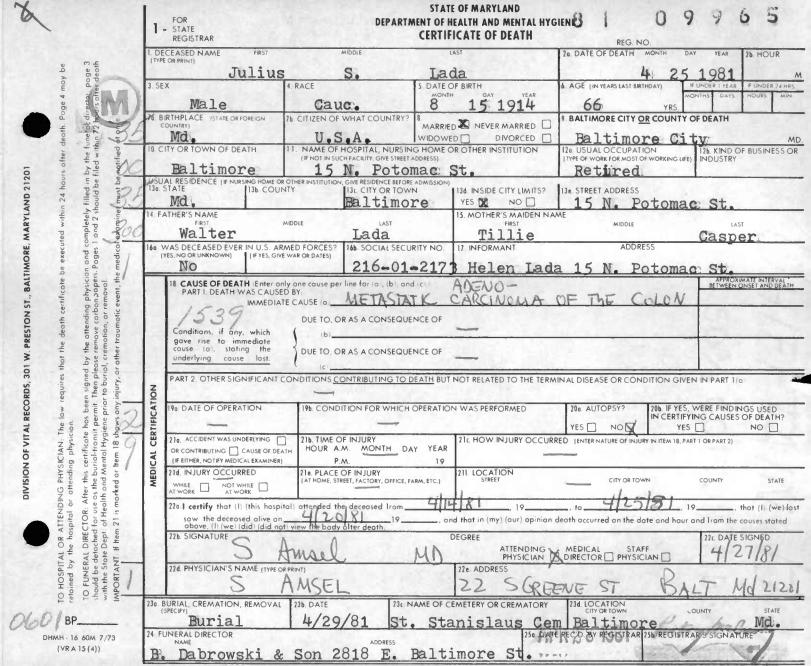
NO [

STATE

A.A.

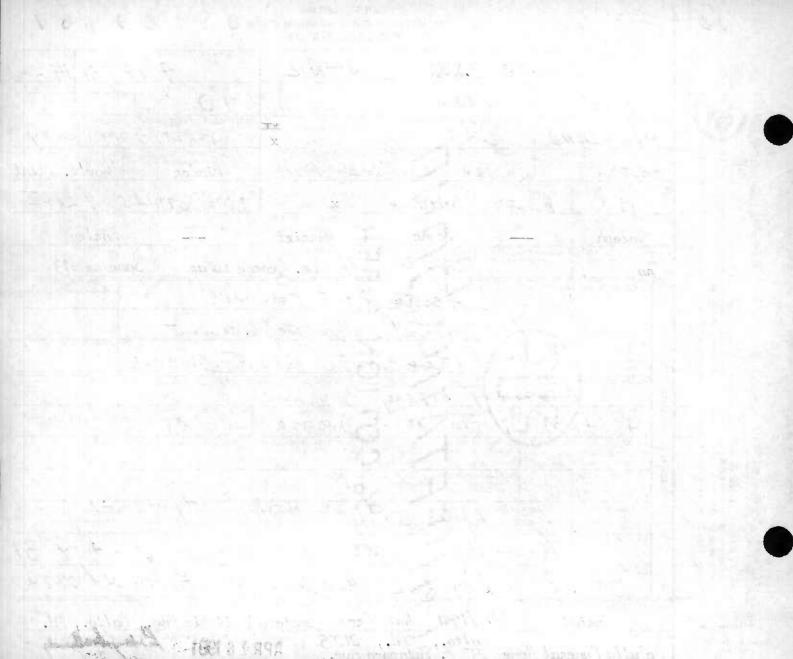
25a, DATE REC'D, BY REGISTRAR 25b RE 198

VIID BROWLT AIR



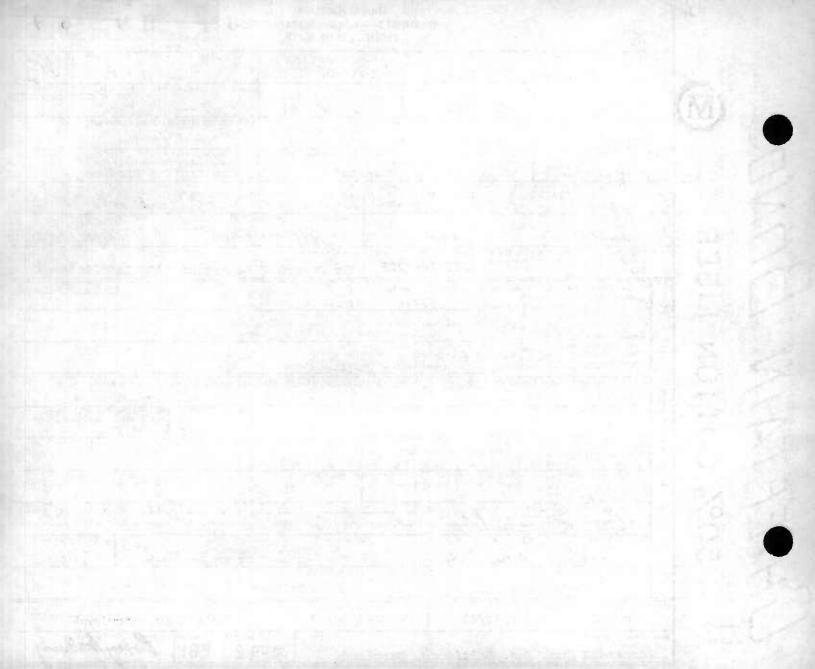
201109 3. Ions E E 1971 x x .i.t. .i.t. Sixt ore 15 M. Formere St. Action 6 00 Mill THIRD STREET LIFTACOUNT CONTINUES TO THE THE MARKATELLAND TO SMITH STATE .DM ______ brankting med angining 8 .TD _ ty\-"\d

April 3. 1981 L	Laken	noi	
The state of the state of			
Baltimore City			
	land Joneral Mospital	SLA	2altimore
			ild but
	Carcinocatosis of Abdomen		
[ring metal	Varcinosa of Process History of Carcinosa With Absess of W		
x x			
Moril 3 Blance	3 81 XX 81	liad.	
lingA			
and Cemeral Maspital	C/ crv1	Manual .	Pablo

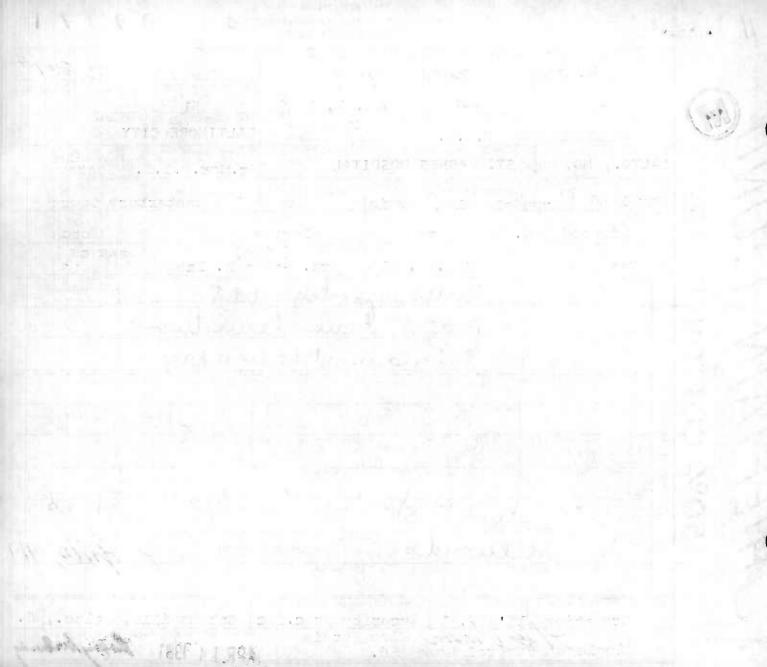


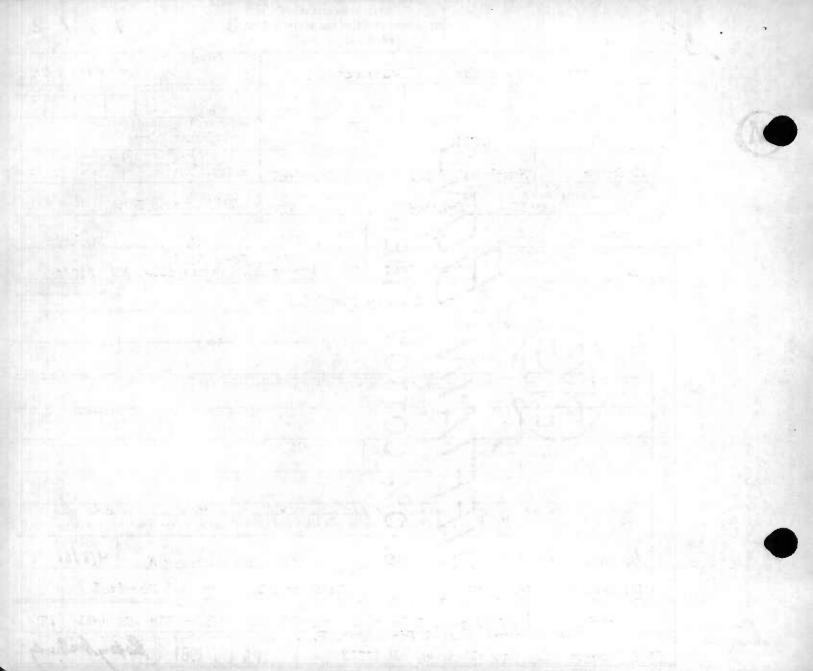
10	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	9 9 6 8
ay be oage 3		CEASED NAME FIRST	MIDDLE RACE	Martina 5 DATE OF BIRTH	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 3:30 PM
ode 4 m		Male	Caucasian	MONTH 7 25 VEAR 5	6. AGE (IN YEARS LAST BURTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
to 197		country) taly	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BATTIMORE CITY OR COUNTY	MD.
13 13	- {	Sattimore =	So, Battmure	JEN Hospiles	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
and	130.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE A	13d. INSIDE CITY LIMITS? YES NO	130. S7557 MODRESS rel 5	+-
ompletely ond 2 s		ATHER'S NAME AFIRST AND MID	Lamartino	15. MOTHER'S MAIDEN NA Concetu	MIDDLE BI	apped LAST
s. Pages		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1F YES, GIVE W	D FORCES? 166 SOCIAL SECUR AR OR DATES) 216-32-16		3nd. Street Balt	o., Md. 21225
ng physicic banpapers remaval. c event, the		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	Acute Res	piratury tailure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e attendii emave car matian, ar traumati		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUEN		money Disease	
ned by the please reprint, cre		couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COM-	(c) NDITIONS CONTRIBUTING TO DI	ICE OF ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	/FN IN PART 1(p)
nas been sign permit. Then in ne priar ta bu ws any injury,	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C		200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
nsit per ygiene shaws	ERTIFIC	2)g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	The HOW IN HIRY OCCUR		FYING CAUSES OF DEATH?
Securificate has been burial-transit permit. Mental Hygiene priar tem 18 shaws any in	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	19	CENTER NATURE OF INJURY IN TIEM 18	PART FOR PART 2)
After this as the bu Ith and M arked ar	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		CITY OR TOWN	COUNTY STATE
DIRECTOR: A ached far use Dept af Heal f Hem 21 is m			ottended the deceased from		death accurred on the date and hou	r and from the couses stated
ry the has RAL DIREC detached tate Dept		CV Shult	À	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	274 E SIGNED
retained by the TO FUNERAL I should be detained with the State [IMPORTANT: If		5 heilster		South Bo	etterior Gener	& Assorted
BP		SPECIFY) Burial	4/24/81 New		23d LOCATION Baltimore	COUNTY Mary Land
H-16 30M 2/80 (VRA 15, 4)	23	7 East Patapsco,	lly Funeral Home Nenue Baltimo		2 1 198 1	rar's signature

The Late States and the State of the s



PHICERO, AM AND PERSON LINE THE STATE STATE OF THE VICE MENO STABILITY





(N)

And the second s

to the second the second secon

makes the contract of the contract of the second second second second second second second second second second

	l	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 REG. N	0	9 9	7 4
(m.s.		ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
600		THEOD	ORE	LEC	WELL	APR	IL 6	1981	9:55 Am
offer de	3 S	EX	4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
h our		Male	Cauc.	12	15 1938	42	YRS.	DATS	MIN.
2 hau	20-1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	/
uner Jun 7		Md.	U.S.A.	WIDOW	ED DIVORCED		e Cit	v	MD
d the day	10	CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
\$ £ \$		Baltimore	Church	Home Host	ital	Unemploy		III	
d be	130.	JAL RESIDENCE (IF NURSING HOM STATE 13b. CC	E OR OTHER INSTITUTION. GIVE R	ESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?				
should b		Md.		ltimore	YES X NO	224 N. F	Rose S	t.	
12 Table	14. F	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN IN			LAS	
E 5300		Frederick	Led	well	Helen	Wilder Co.	Sv	itil	
Pages		WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
				9-26-5297	Janet Rei	fel 9902 C	ervid	ae La	
physicio anpapers emoval.		18 CAUSE OF DEATH (Ente	r only one couse per line f	or (o), (b), and (c).)				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
an pha eno		PART I. DEATH WAS CAL	DIATE CAUSE (0) C	ARDIAC ARRE	ST		10-20-77		721
corb corb ar r		4100	DUE TO, OR AS	A CONSEQUENCE OF					
mave nation, traum		Conditions, if ony, which	((b) ?	MYOCARDIAL	INFARCTION			1200	The test
		gove rise to immediate couse 101, stating the	DUE TO, OR AS	A CONSEQUENCE OF					
or other		underlying cause lost	(c)						
Then pl	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTR	BUTING TO DEATH BU	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	3
prior any ir	ATK	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USED
giene p	Ē					YES NOIX	IN CERTIFY YES	ING CAUSES	OF DEATH?
OF OO	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU			.,,,
		OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY YEAR				BY THE	
A Mentol	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN	JURY	211 LOCATION				
alth and morked	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
		22a I certify that (1) (his ha	ospita) ottended the dec	eosed from AD	ril 6. 19.81	to APRIL	6. 19	· 8I .	that (I) (Mg) last
of He 21 is		saw the deceased olive	On APRIL 6	1981	nd that in (my) au opinio	on death accurred on the d		,,	
thed for lept. of them 21		22b. SIGNATURE	not) view the body ofter	deoth.	DEGREE			22c DATE S	
000 -		T. dh	water	BAH MARK	ATTENDING PHYSICIAN	MEDICAL STA		4,6	2.81.
FUNERAL old be det of the State ORTANT:	1	226. PHYSICIAN'S NAME (TY	PE OR PRINT)		1				3 67 3
		T. KHWAJA,	M.D.		CH CH	URCH HOSPITA		MD OT	221
5 d 3 A	230	BURIAL, CREMATION, REMOV		731 NAME OF	L 100 N. BRO	ADWAY BALTI	MUKE,	MD 212	231
		(SPECIFY)	4/8/81			CITY OR TOWN	- 3 F	COUNTY	STATE
50M 1/81	24 F	Cremation UNERAL DIRECTOR	14/0/01	Green	ount Cem	A RACID BIR STRAN	TE REGISTR	AR'S SIGNATI	Md .
i, 4)	В	Da broweki	& Son 281	ADDRESS PO 1+	imore Star				
	1	· DUOTOMBYT	a poli voi	U E. Dall	THOTE DAY				fil.

DHMH - 16 50M 1/81 (VRA 15, 4)

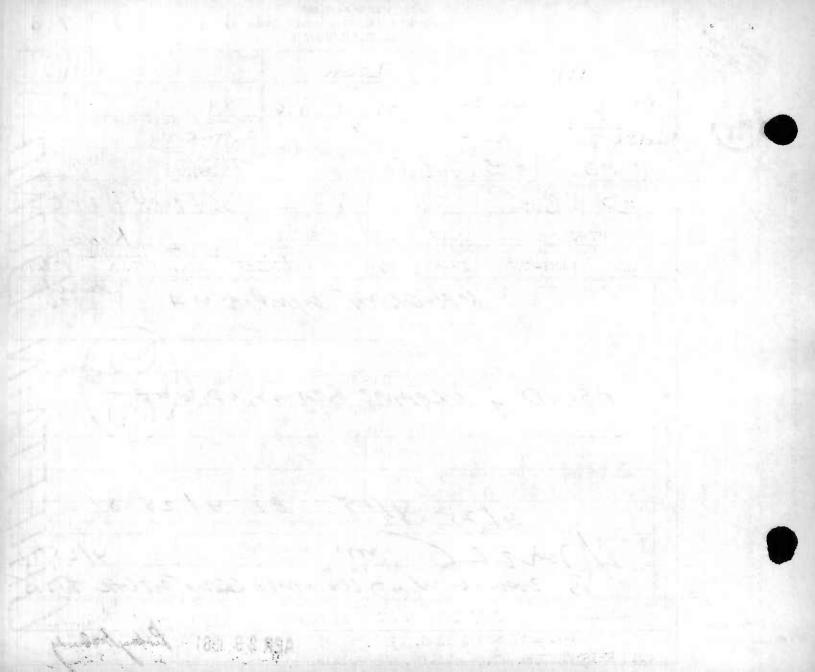
Enga Cano. 12 1938 H. M.E. Cano. will enough in a market of the state of the April and Listen and applied the state of th Salthone I-X 224 t. Rose St. fraderick Lieball melan Fig in Yes Unknown 219-26-5297 James weidel 9902 Corwidte IM. E. Usbrewell & Smi 2 16 h Tairin ore 2 to

April 20, 1991 6:20 pl			horreyne	Verell	
Malifacore City			2.11	sinkg227	
Tencons Tablic chops				oronising.	
201 NeMachen Street		втопізі			ATT
olasia in international intern				James	
JOI Louiselon St., Dalto.				1	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
3/22/81					
conn., daicheors, elb 12201	na ikus vi			an d'ametent	
			arter comme	Jacob	

THE PROMITION OF THE PROPERTY The state of the s documents de la constant de la const The state of the s the contract of the second of A LILL III TO THE TOTAL STATE OF THE STATE O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-LEHARDY 108 JRS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE 8. GIVE PAGES 1, 2, EAND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS DIVISION OF WITH RECORDS, 201 W. PRESTON STREET, NELSON DEATH MATED 4. RACE A. AGE (IN YEARS | IF UNDER 1 YR. 3. SFX 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAYL PRONOUNCED Sept 10, 1924 DEAD 1081 male white 56 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED D NEVER MARRIED FOREIGN COUNTRY! Baltimore City U.S.A. DIVORCED Maryland WIDOWED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore 2204 E. Pratt St. Linoleum Mechanic USUAL RESIDENCE HE INNURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSIONS 13c. CITY OR TOWN 10 STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maruland Baltimore Parkville NO F 2813 Hillcrest Ave 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST .7 Lehardu Louis Edna Arnold 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Yes WW 11 212-20-0618 Mrs Marie E Mastracci Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION CATE, WRITING THE WORD "PEND FORWARDED TO THE CHIEF MED OR: PAGE 3 SHOULD BE USED AS , HE STATE DEPARTMENT OF HEALT! 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [] NOY 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 21201 PRIOR CONTRIBUTING CAUSE OF DEATH P.M. 10 214 IN JURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEATON: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET FACTORY FARM FTC I STREET CITY OR TOWN STATE WHILE COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram: Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 5-2-81 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St. EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRINT **ADDRESS** 23g. BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE 5/6/81 Crownsville Veterans BP_ Burial Crownsville Maruland 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR Tëbnard J Ruck Inc. Baltimore, Maryland **DHMH-17** Mathende (VR A 15 ME (5)) 15M 2/80

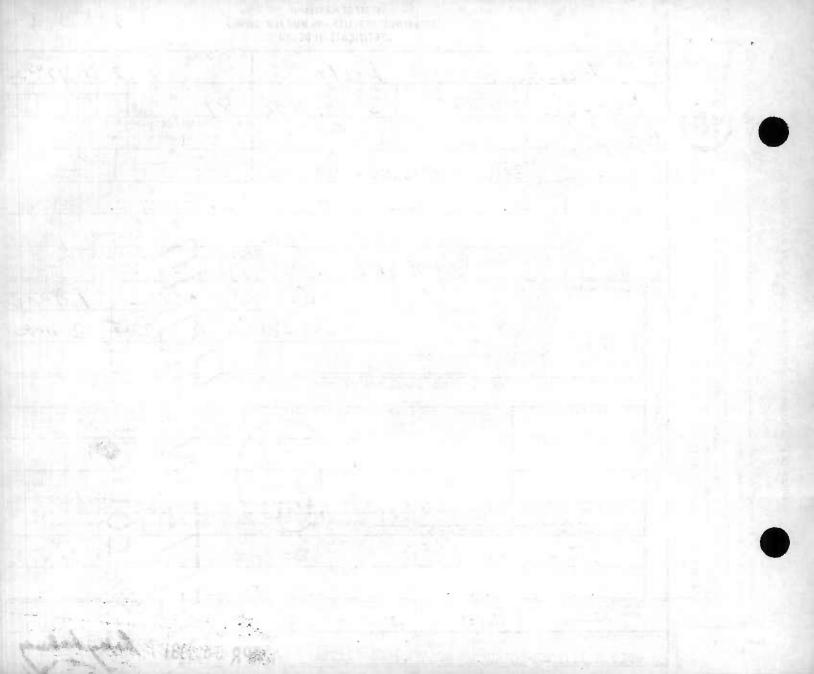
7 40	- STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	0 9 7	1 8
	ECEASED NAME FIRST	AKA: MDABE LEON	Leon	20. DATE OF DEATH	MONTH DAY YEAR 25 81	26 HOUR
3. SI	Male	4 RACE White	5 DATE OF BIRTH MONTH DAY YEAR 09 15 1896	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR MONTHS DAYS	
- C	BIRTHPLACE LLAINOIS	7b. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	Balto C	OR COUNTY OF DEATH	MD.
T Confidence	Alt. MD.	11. NAME OF HOSPITAL, NURSIN (IF NOT INJUST HACKLITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	170. USBRIYE DUPAT (TYPE OF WORK TOR MO)TO	ON 174 MIPPO OF WORKING LIFE) INDUSTR	PERSING SS OR
35 13a.	STATE ND 80	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13e. STREET ADDRESS	PARK HE	glit 2120
930	ATHER'S NAME FIRST HYMAN	MIDDLE LAST LEON	15. MOTHER'S MAIDEN NA/	WE	Kin	AST G
	WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IFYES C	RMED FORCES? 166. SOCIAL SECU INE WAR OR DATES) 2/4-03	RITY NO. 17 INFORMANT MISS		9N 7224 PAR ., APT. A	#21208
Ryberre prior to borred, retending, or 8 shows any injury, or other traumatic	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION *	D. a OKAI		INAL DISEASE OR CON YND (20) 200. AUTOPSY?	ME 1206. IF YES, WERE FIND	INGS USED
18 shows o	2) g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURE	YES NO	IN CERTIFYING CAUSE YES	NO 🗌
- / / -	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	CED (ENIER NATURE OF INJU	RET IN HEM 18 PART OR PART 2}	
urked or Item	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
Jepr. of nealth of them 21 is marke	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F bital) attended the deceased from _ n	ARM ETC) 211 LOCATION STREET , 19 DEGREE ATTENDING PHYSICIAN 212 ADDRESS	deoth accurred on the d	ote and haur and fram th	, that (I) (we) lost
APORTANT: If them 21 is marked a	WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp saw the deceased alive an above. If well and it does not be say that the say that the say the say the say the deceased alive or above. If well and it does not be say that the say the say that the say that the say the say	(AT HOME, STREET, FACTORY, OFFICE, F pital) attended the deceased from	ARM ETC.) STREET , 19 , and that in (my) (our) apinian of the desired physician (my) (our) apinian	deoth accurred on the d	ote and haur and fram the stand of the stand	, that (I) (we) lost e causes stated



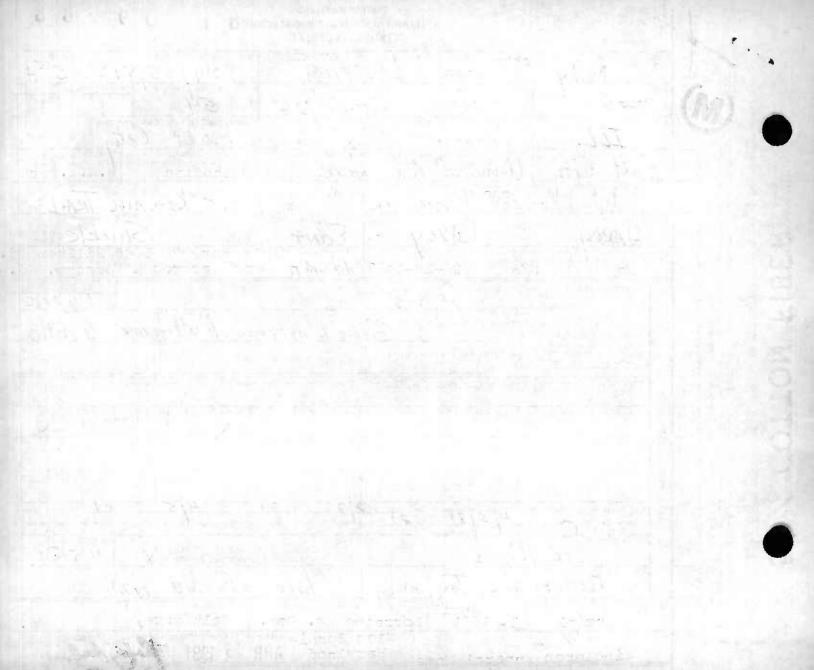
1				STATE OF MARYLAND		70 Cm	450 40
6	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 PEG. NO.	0 9 9	19
		CEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
25		HELE	N	TELNZ	4/26/1981		8:52 5W
	3 SE	×F	1 RACE	S DATE OF BIRTH	8 72	# UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN
THE TANK	7e B	RTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED MONORCED	BALTIMORE CITY OR CO	UNTY OF DEATH	TY MD.
ed within	10.5	OALTIMARE	11. NAME OF HOSPITAL, NU	PRING HOME OR OTHER INSTITUTION	12a USUALOCCUPATION (TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR
d be fi	13a	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE NTY TIJ GITY OR	BEFORE ADMISSION 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	BERTS	· AVZ
and 2 shoul	14 F	TANKS AUC	MIDDLE / NNA AL	A APOLIFICATION P	NAME FRONC	ZAK IAS	ī
Pages 1 and cor	16a. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL REWAR OR DATES!	SECURITY NO. 117 MORMANT	PUS 34 RIV	IERS IDE	RD
physicia papers. emoval. itic event			nly one couse per line for (a), (b) ED BY TE CAUSE (a)	lower lobe Preus	monia E Sept	ic Shock	MATE INTERVAL DISSET AND DEATH
ittending e carbon tion, or r tion trauma		Conditions, if ony, which	DUE TO, OR AS A CONS		ion		
d by the a ase remov ial, cremai y, or othe		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS		ing thematos	us	
een signed Then pleas or to buria any injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	LO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(c) ì
nsit permit. Hygiene prid	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES	
this certificat urial-transit p Mental Hygis d or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
th and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY	STATE
DIRECTOR: hed for use a Dept. of Heal If Item 21 is		sow the decease alive on	ot) view the body ofter deoth.		on death occurred on the date or		that (I) (we) lost couses stated
RAL DIRE letached f ate Dept. NT: If Ite		A+C.	rouvalit,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE 4/2	SIGNED
TO FUNERAL C should be detach with the State D IMPORTANT: I		A. C. CH	OUVALIT,	M. D. PORTH	CHARLES GEI	VERAL I	HOSP.
F # ¥ ≥	23a	SUR AL	4/29/81	23 MAME OF GENETERY OR CHEMATOR	RY BAZTIN	OPE.	MID
IMH-16 25M A 15, 4) 1/79	K	ANMOND L. K	ACZORNIN		PATE RECO. BY REGISTRAR 256. R	EGISTRAR'S SIGNATI	Bury

41 - 87 WHILE OF THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL CONTRACTOR OF THE RESERVE OF THE PERSON OF T Right Low Solw Possesmenta & Sophic Street Synthemic Sugar & Herrindony 18/4H × 18/4H × 14/18/ TELL THE SHEET IN A SHEET OF THE SHEET OF TH CAN STATE OF THE WAY OF THE STATE OF THE STA The transfer of the second of

A financial contract of hander 1868 E. J. Marie L. Mar

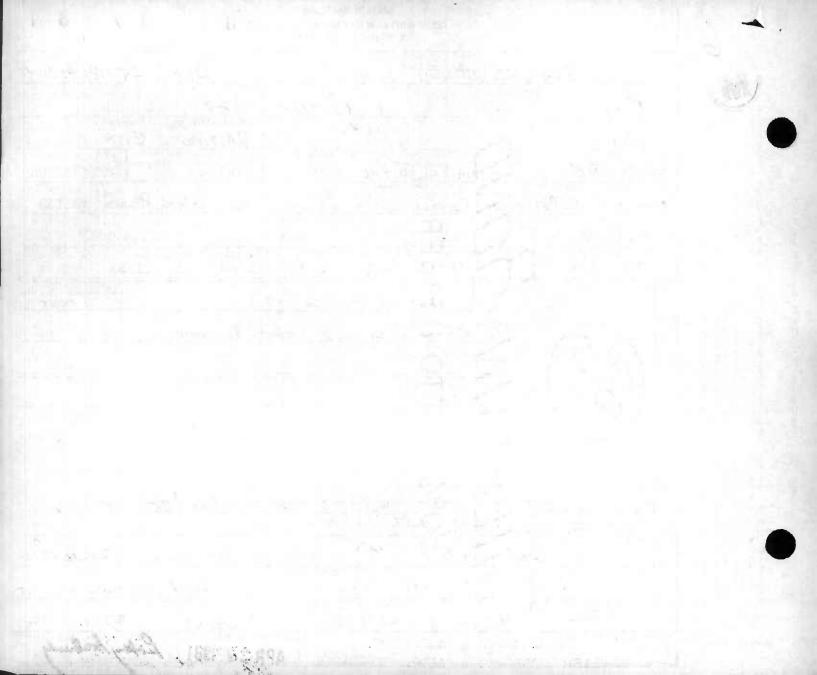


	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 9 8	3
E second	(1YPE	Detry	Setty (nmn)	Levering Levering			DE AM
(M)	3. SE	Female	White	Nov. 25,1926	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOUR	DER 24 HRS
15 5	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	eter	MD.
by the filed w	10. CI	Salt. City	CUMW, OT /VI	G HOME OR OTHER INSTITUTION ADJRESS) HOSP	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Custodian	B.W.I.F	
ould be	13a. S	AL RESIDENCE INCOME. TATE	Anne dry on tow Inde1 Hanov	130. II 43IDE CITT CIVITIS:	13. STREET ADDRESS 1131 Stoney		
Oud 2 sh	14 FA	THER'S NAME	MIDDLE CAVEY	Sr. Edna	WIOOFE	Schecke	
s. Pages 1		VAS DECEASED EYER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV NO N	(F) WAR OR DATES	RITY NO. Patri	ughter) ^{DDRESS} 19 cia Yarbrough	Jessup	, Md.
ed by the ottending phys pleose remove corbanpap triol, cremotion, ar remove , or other troumatic event,		Conditions, if any, which gave rise to immediate cause (0), stofing the underlying cause last.	DUE TO, OR AS A CONSEQUE (c)	Sence OF	na. Multiform		ths.
os been signe bermit Then p ne prior ta bur ws ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	206 AUTOPSY? 206. IF YE	S, WERE FINDINGS U	
s certificate has buriol-transit pe Mental Hygiene or frem 18 shows	MEDICAL CERT	? 10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18.		
After this e as the bu olth and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ALHOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ECTOR: Aled for use of the other of Health			tal) attended the deceased from 19 dety view the body atter death.	7 28 , 19 5 , and mot in (my) (our) opinion DEGREE	death occurred on the date and ho	ur and from the couses	
IERAL DIR		H.	Mymb.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	19/5/8	1
TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OF	ck K. Toy, N	- Clarita	of Md. H	op.	
P		Buxial, CREMATION, REMOVAL	UNITTI	vame of cemetery or crematory o		COUNTY	Md.
- 16 30M 2/80 RA 15, 4)	24 FU	Singleton	ADDRESS Funeral Home	Glen Burnie AP	R 06 1981	RAR'S SIGNATURE	de



PALTO

6010 REISTERSTOWN DD



Printed a first time of the second of the appropriate and the second of the second AND THE PARTY OF T Little promotering and providing the property of the property of the providing the providing the providing the providing the providing the province of the pro

2	1		hone call 81 rc		STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH		0 9 9 8 6
e & £		CEASED NAME FIR	RA	WIDDLE	KEWIS	REG. NO. 20. DATE OF DEATH MONTH	27 81 9:30 P.M
r 1 moy	3. SE		RACE Black	5. D	AIE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1 7 3		RTHPLACE (STATE OR FOREIC COUNTRY) irginia	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIED X NEVER MARRIED DOWED DIVORCED	Baltimore City Baltimore City	
10 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	В	altimore	Saint	Agnes Hosp	ital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	126. KIND OF BUSINESS OR INDUSTRY Home
AND 212	13a.	AL RESIDENCE (IF NURSING H STATE 136 aryland	OME OR OTHER INSTITUTION COUNTY	130. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES █ NO □		o.,Md. 21215 Heights Avenue
MARYL mplessy and 2 of	14. F/	THER'S NAME FIRST John	WIDDLE	Chatman	15. MOTHER'S MAIDEN N. FIRST Emma	AME MIDDLE	LAST _
IMORE, or execut		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	220-12-740			lto.,Md. 21215 3300 Liberty hgh
201 W. PRESTON ST., BAL res that the death certificate ned by the attending physici please remove carbonapper urial, cremation, or removal. y, or other traumatic event, th		Canditions, if ony, whis gove rise to immedic cause (a), stating to underlying cause to	DUE TO, O ich bite the sist. (c) (c)	OR AS A CONSEQUENCE	OF	NAL BLEEDING	
NG PHYSICIAN: The low require: oftending physicion. frer this certificate has been signs os the buriol-transt permit. Then p th and Mentol Hygtene prior to bur orked or them 18 shows ony injury,	CERTIFICATION	CONGESTIVE 190. DATE OF OPERATION	E HEART	PAILURE	SCLERO DEF	200. AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
DN OF VITA IYSICIAN: TH ding physicio is certificate buriol-tronsit Mental Hygis or item 18 sho	MEDICAL CERT	210, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE [IF EITHER, NOTIFY MEDICAL EX	E OF DEATH HOUR A.	M. MONTH DAY 1	EAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	
DING PHY or offer this se os the built but his se os the built but his morked or	WED	21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, E	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol or TOR: A for use of Heoli		220.1 certify that (h (this sow the deceased of abave, (t) (we) (did) (1. 6	7 1981		deoth occurred on the dote and	
TAL OR A y the hoss RAL DIREC detoched force Dept.		226. SIGNATURE Call		zja M.D		ENT MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4 · 27 · 8/
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		GEET+		TA	900, CA 70N	AVE, STACINETIMOR	105 p/TAL, E,MD-21229
BP		BURIAL, CREMATION, REM (SPECIFY) Burial	23b. DATE 5-2-	81 Arbu	of CEMETERY OR CREMATORY tus Memorial Pa	23d LOCATION CITY OR TOWN RK Baltimore Co	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. F He	rbert E. Nut	ter Funera	Home 3035	W. North Ave M	AY 1 - 1981	in they to breedy

to the state of th THE RESERVE STORE OF THE PARTY Contract Con ARMAN ALEXANDER SECTION AND ALEXANDER OF THE ARMAN AND ALEXANDER OF THE ARMAN AND ALEXANDER OF THE ARMAN AND A the State of the same of the State of the St

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

BROWN MOVEMENT OF THE PARTY OF Bullium tained out and other country that a little water

AUTHOR OF THE SALE OF THE STATE OF THE STATE OF THE SALE OF THE SA

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Balto., Md. 21229

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

176 KIND OF BUSINESS INDUSTRY

Felger

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Md.

COUNTY

17L DATE SIGNED

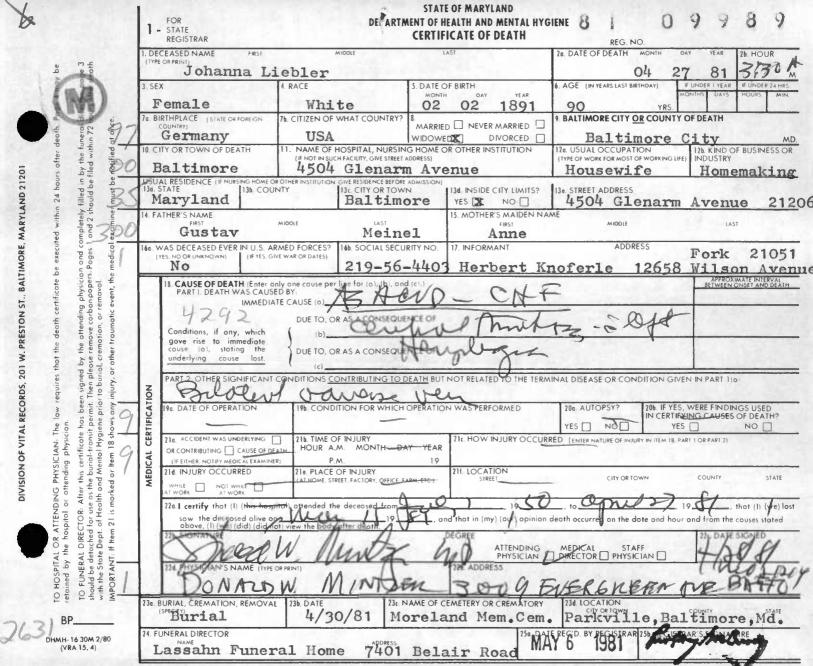
21090

(M.)

TWO DIDENTIFICATION OF THE PARTY OF THE PART

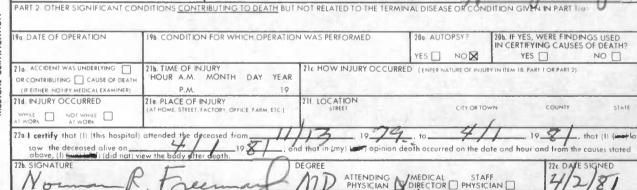
a matter state of the section of

The second secon



warn's tento. Vistalio subject to the agreement of the second of th I 유명상 교육 I. 이름은 , 프라이트 전 - 10 H -. Big and the manager of the contract of the c The state of the s

	DEPART	MENT OF H	E OF MARYLAND BALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 _ 1	0	9 9	9 0	
	WIDDIE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
V	Н.	LIN	DSAY	April 1,	1981		5:34	Om.
RACE	nite	S. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR		IRS VIN.
1	of what country:	MARRIE WIDOWE		Baltim		OF DEATH		MD.
Long	such Eacility, GIVE STREE	Jursir	or other institution ng Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homem)	ON OF WORKING LIF			
Y	130 CITY OR TOV Baltin	VN	138 INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 3353 Be	ech A	Avenue		
DDIE	Harvey		15. MOTHER'S MAIDEN NA FIRST Jeannie	MIDDLE		Edm		
ED FORCE VAR OR DATE			James H.	Lindsay	Balt	o., M	d.	
BY: CAUSE (a DUE TO	D, OR AS ACONSEOU	JENOS OF	esp. Jo	ula, as	cedi	APPROBETWEEN	KIMATE INTERVAL ONSET AND DEA	ī H
NDITION:		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF CON	DITION GIV	EN IN PART I	0	=
19b CO	ndition for which	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑		S, WERE FINDS YING CAUSES		
	AE OF INJURY A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART TOR PART 2)		
	ACE OF INJURY E. STREET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	



22e ADDRESS

Dr. Norman R. Freeman, Jr., M.D. 11 W. 29th St., Balto., Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Woodlawn

FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212 24 FUNERAL DIRECTOR

4/3/81

APR 32 1981

Woodlawn, Balto ._ Md.

DHMH - 16 50M 1/B1

(VRA 15. 4)

FOR 1 - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

Female AIRTHPLACE ISTATE OF FOREIGN Scotland 10 CITY OR TOWN OF DEATH Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OF 130 STATE 113% COUNTY

18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED

Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.

James 160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN)

Maryland 14 FATHER'S NAME

No

3. SEX

JEA

136 COUNT

I (IF YES, GIVE V

IMMEDIATE

JEAN H. TREEN, April 1, 1811

white sent. Set 1st

encilos de la contra del contra de la contra del la contra de la contra del la contra d

Paryland Ealtingra x 2000 Each World

James Harvey Joannie Edmon

No. 212 to 8786 James H. Lindray Balto., Md.

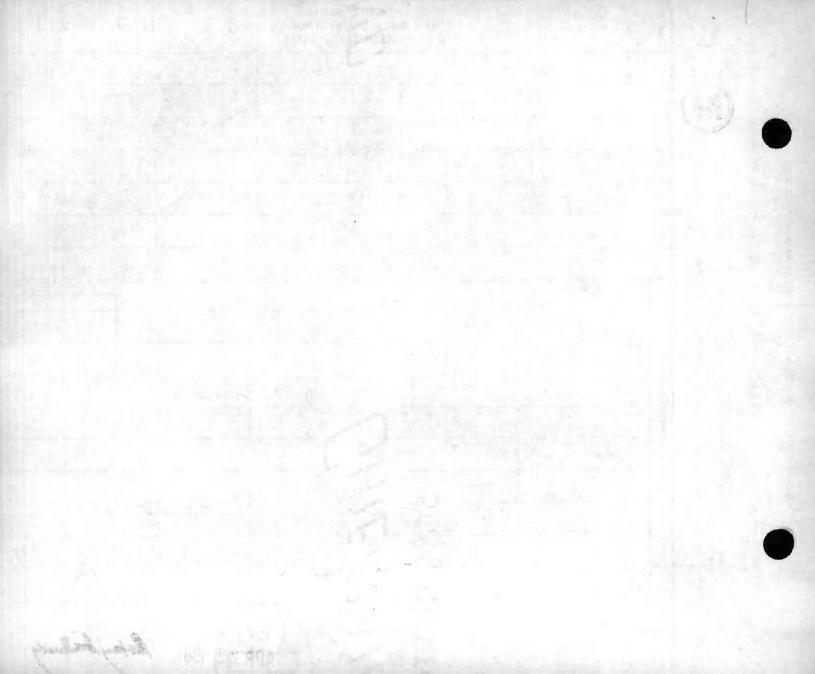
Dr. Norman R. Freeman, Jr., M.D. 11 W. ESM St., Balto., Md.

urial
Lancy W. Jonains B. Sons Co.
Lency W. Jonains B. Sons Co.
Lency York Foot Balto., Md. 81212

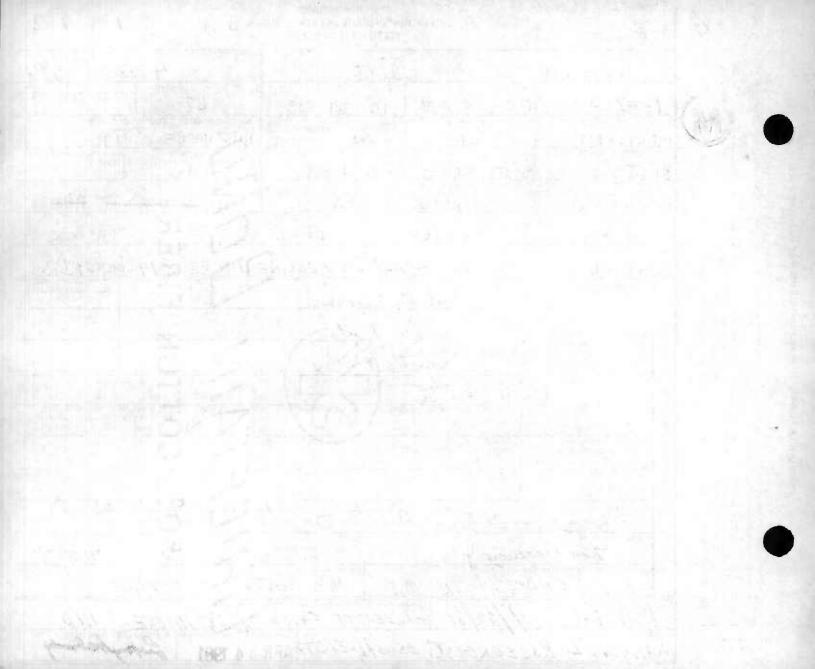
Woodening Educe,

Wm. C. March F/H 1101 E. North Ave.

(VRA 15, 4)



1/	I	tem #13e Film G	555 5/8/81 rc	STATE OF MARYLAND			Region
X	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	0 9	9 2
m .c		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEA	AR 2b. HOUR
deoth		CATHERYN		LLOYD		4 18 8	1 1230 PM
g. j.	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
EM.		EMALE	CAUCASIAN	10 al 13	61	YRS	
順处	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		COUNTY OF DEATH	Н
P		ARY LAND	1). NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	BAFTIMOR 12a USUAL OCCUPATI		MD OF BUSINESS OR
17/3	RI	AFTO-	SOUTH BAFTO.	GEN. HOSP.		DE WORKING LIFE) INDUST	TRY
\$25 C	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	POTHER INICIATION CIVE RECIDENCE RECORD		13e. STREET ADDRESS	Kenwood A	Ave.
ner		ATHER'S NAME	[Bhist or	15 MOTHER'S MAIDEN NA	AME	Memore	Trace-
130		CASMIER	MIDDLE	ANNA	MIDDLE	49	SPER
Z dicol		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRE		3
B		NKNOWN	216-03-	0368 JACGUELIN	EMOORE.	314 Lock	EIDR.
t, th	Г	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for to the an	1910		APP BETW	PROXIMATE INTERVAL
event, th			TE CAUSE (a)	4 Nacoscomia			
froumatic		5728	DUE TO, OR AS A CONSEQUI	NCE OF			
room		Conditions, if ony, which gove rise to immediate	(b) Caroll	ac Factore			
other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	Failue.			
injury, or	NO	PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(o)
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED
Shows only	TE				YES NOW	IN CERTIFYING CAU	JSES OF DEATH?
o a		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	1 2)
or Item 18 shows	SAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
marked		AT WORK NOT WHILE AT WORK				1 =	
5 3			oitol) ottended the deceased from	4/8 19.8/	, to <u>4</u>	18 19 8	_, tho(I)(we) lost
m 21		sow the deceased alive or above, (1) (we) (did not) 27b. SIGNATURE	n 4/18 ot) view the body after death.		death accurred on the do		
If Item		276. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAF		ATE SIGNED
Ž	1	22d. PHYSICIAN'S NAME (TYPE	of points	PHYSICIAN [DIRECTOR PHYSIC	IAN 7	118/81
MPORTANT: IF	13	RAY W. CP	AKIND TO 1	a de	TEBELLO I	ERRACE	
₹ -	23a.	CREMATION, REMOVAL	1238 DAY 12300	AME OF CEMETERY OR CREMATORY	23d LACATION		
		Dierial	4/22/8/ 61	RUENS OF FAITH	BATTIN	MAPE COUNTY	MD STATE
/80	24 F	NERAL DIRECTOR	17007	7/ O 250. DA1	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIOT	NATURE
	K	AYMOND L. K	ACZU ROWSKI 2	525/CEETUT. APR	2.4 1001	fritzag NV	Beredy



20 20 20		
till .edist	Altra and	years), wall
Prostiant the Foliab C	frings hospited	.od/s8
Sidy B. Charles St.	. nd Let	.68
Soylife Van Teechielenburgh	tings:	enderty.
	7530-00-535	
The state of the s	netso.) ad.	

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

The second with the page 1 And 25 1 5 16-of all and secured them, one, with this entered by 1 (38) I wished

Section of

147/ 19

the late Commission of Calendalia, C.A. INSERTOR LEGISLE

No. Company

Local Edition of the Cathedral Company of the

TIS BENEFIT INC

20 - Francis to the Landing of Landing Co. Landing of the Company of

Min I'm necessing a Section of Soll

O S C C I S WAS A STATE OF THE 201 15 9 4 APRIA MAI FORTHANT 9

DHMH-16 30M 2/80 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH YEAR 2b. HOUR 30 18 04 00 40 AM IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CIT 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 0----3493 Hillsmore Rd. 21207 LAST 21206 Balto. Md. Joseph K. Lowe 102 W. Elm Ave/ APPROXIMATE INTERVAL anteriosclerotic coronary disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN GOOD SAMARITAN HOSPITAL STATE Baltimore Co., Md. Burial May 2. 81 Sacred HeartadJesus 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Homes, inc. ADDRESS Baltimore,

arrived ambinore occurrence with the X 2003 of the profits Townshire Telminon Townshire Telminon thing. eaffer Nove of a for some is deeme the con-conucial the 2. of procedure numbers of the telephone in the contract of the cont Caspell Fanation Homes Int. Ballimer's Mo.

Luxe ATHELES SALE OF STREET 1981 3 YAM

						E OF MARYLAND	0 1	0 0	0 6	9 9
1	1.	FOR		DEPART		HEALTH AND MENTAL HYG	IENE Q	0 7	1	
		REGISTRAR				FICATE OF DEATH	REG. NO			
		OR PRINT)	ETTY "	K.		LUTZ	20 DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR
		BETTY)	()		LUTZ	4/	23/81		AM
1	1. SEX	×	4 RACE		5. DATE	OF BIRTH THE DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		HOURS MIN.
J		Female		auc.		9 10 25	55	YRS.		100
1	I. Bi	RTHPLACE (STATE OR FOREIGN	6 .	WHAT COUNTRY?	MARRIE	D L NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	ATH	
Š		MARYLAND	USA		WIDOW		ar	7		MD.
O	10. C1	TY OR TOWN OF DEATH	(IEMOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDL	JSTRY	BUSINESS OR
8		BALTIMORE		ersity H			Customer	Credit Ba	lto	G & E
1	13a. S	AL RESIDENCE (IF NURSING HOME)	NTY	13c. An build	E ADMISSION)	136 INSIDE CITY LIMITS?	136 STREET ADDRESS			
S			imore	XXXXXX	X		5506 D	ELORES 1	AVE.	1
. 6	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		1.AST	
U	M.	ALBERT	1	KELL		CLADYS			TUR!	VER
7		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SECT		Mr. Milton D.	Lanier, 1	823 Fawn burg, Md.	llav	
	1	no		216-20-	7612	XXXXXXXXXXX	KIETZ Finks		2	1048
d		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), ar	nd (c).)			BE	APPROXIM.	ATE INTERVAL NSET AND DEATH
	7		TE CAUSE (0)	RESI	PIRATE	RY ARREST				
		0707	DUE TO, OR	AS A CONSEQU						
		Conditions, if any, which gave rise to immediate	(b)	HZ	ENAL SYNDR	ONE				
	500	couse (a), stoting the	DUE TO, OR	AS A CONSEQU	ENCE OF					
	_	underlying couse lost.	(c)	Fer	MINA	NT TYPE BY	HEPATITIS			
	7	PART 2. OTHER SIGNIFICANT	-	NTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART I(o)	
	JOT I	Non						IF YES, WERE FINDINGS USED		
	ICA	19a. DATE OF OPERATION	196. CONDI	TION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING C.	FINDING AUSES C	SS USED OF DEATH?
X	CERTIFICATION						YES NO NO	YES 🗀		NO 🗌
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR P	PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A		19					
1	AED	21d INJURY OCCURRED		ACE OF INJURY ME, STREET, FACTORY, OFFICE, FARM, ETC.) 211, LOCATION STREET			CITY OR TO	wn cou	YTAI	STATE
		AT WORK AT WORK	43			1		,	,	
		22a I certify that (1) this hasp			81.	3/18 19 81		23 19.8		not (I) we) lost
		saw the decrated alive or above (I) we (did) (did no	ot) view the body	ofter death.	<u>o</u> I, o	and that in (my) (our) opinion o	deoth occurred on the de			
		DEGREE ATTENDING MEDICAL STAFF							. DATE S	IGNED
		Every (/ack	- un		PHYSICIAN [DIRECTOR PHYSIC	IAN P		
1		- /	PRINT)			220 ADDRESS	2	11 m	40	
-		traign Th	erso-	my		22. S. G.	RCENE ST.	SAIT. "	· U.	2/20/
	23a E	BURIAL, CREMATION, REMOVAL			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y	STATE
		Cremation	4/27/8			w Memorial Par	k Catonsv		top	Md
	24. FU	INERAL DIRECTOR 1630	Edmondso	n AVE	Caton	sville, Md 250 DATE	REC'D. BY REGISTRAN	25h REGURANS	1/10	Breedy
	Wi	tzke FuneralHo	me of Ca	tonsvill	e. P.	A. 21228 A	PR 24 1981	/		

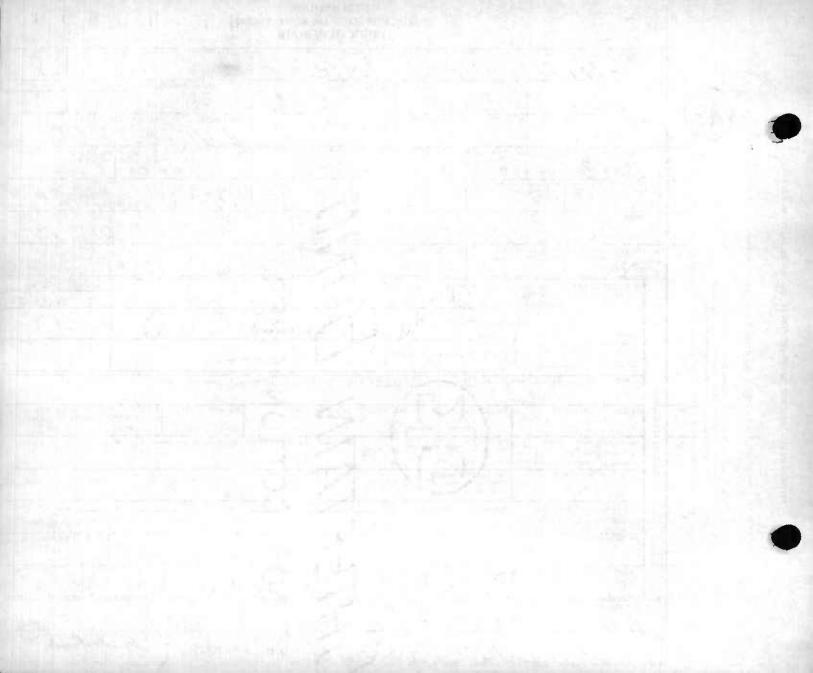
Latigacil v faz vice

Selected Manager

CRO-20-VOY2 1 CANADA CAN LIGHT HOLL TO STORE OF STORE

E gen From Filtonn of Cotoneville, A. e. 21228 and E.

	1-	FOR STATE REGISTRAR	0		FICATE OF DEATH	HYGIENE REG. N	100	UU
y de		CEASED NAME, FIRST	MAC	- 1	V/e	20. DATE OF DEATH	MONTH DAY YES	10011
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3. SEX	-emale	BLACK	S. DATE (YRS	DAYS HOURS MIN
4. F. C.	CC	va.	CITIZEN OF WHAT CO	MARRIE		O BAITO	OR COUNTY OF DEAT	MD.
hours ofter the the tied and		SAITU .	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, O	WOFF.	ST.	12a USUAL OCCUPAT	OF WORKING LIFE! INDUS	ND OF BUSINESS OR STRY
AND 21	13a. S	TATE 136 COUNT		ORTOWN, BATTO.	13d. INSIDE CITY LIMITS YES NO S	12081	V. Wolf	· St.
completely ond 2 s			in	IAL SECURITY NO.	FIRST	MIDDLE ADDR	Ro Ro	berts
BALTIMORE, MARYLAND cote be executed within 24 spicion and completel. Illin opers. Pages 1 and 2 should vol. tr, the medical examination.		ES, NO OR UNKNOWN) (IF YES, GIVE V	war or dates) 21	5-22-34	77 Mel	vin Lyte	1208 N.	WOLF St.
ST., gg ph boonp remo		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	1, (b), and (c)	Prost	taclass	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
RESTON deoth otton, o		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CO	NA POLENCE OF	rousi	up CV.	6) -	}
or or o		cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	1	NOT BELATED TO THE	TERMINAL DISEASE OR CON	AIDITION CIVEN IN DAI	PT No.
ECORDS, 3 ow requires the been signe mit. Then prior to bur ony injury.	CERTIFICATION	19a. DATE OF OPERATION			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
AL RECO	TEX					YES NO	IN CERTIFYING CAL	USES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require ter this certificate has been sign st the burial-transit permit. Then h and Mental Hygiene prior to but he dor Hem 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON		21t. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PAR	रा २।
DIVISION C DING PHYSIC or attending After the burion of the and Menti marked or ter	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE AT WORK	21e. PLACE OF INJUR' (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TO	OWN COUNTY	Y STATE
DIV OR ATTENDING the hospital or at a DIRECTOR: Attent sched for use as the Dept. of Health of		27a. I certify that (I) (this haspite saw the deceased alive an_ above, (I) (we) (did) (did nat)		190	nd that in (my) (our) opi	nion death occurred on the c	date and hour ond from	that (I) (we) lost m the couses stated
		22b. SIGNATURE	-0		DEGREE ATTENDIN PHYSICIA	IG MEDICAL STA	AFF	DATE SIGNED
HOSPI Pined b FUNE Sould be th the Si		22d. PHYSICIAN'S NAME (TYPE OR	FOO L	4	22e ADDRESS	281. /da	Tues)	
0808		URIAL, CREMATION, REMOVAL	4-18-143	23¢ NAME OF C	CA VERY	CITY OR JOWN	Burnie	STATE
DHMH-16 60M 1/73	24. FU	NERAL DIRECTOR	2 - AD	DORESS / «	25a.	DATE REC'D. BY REGISTRAN	255 PEGISTRAR'S AG	NATURE



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE OF MARYLAND

1. 1.1-11- 01! Eastio, Mr. U.S.A. xxx Palto. c. cusco passiful cetical artain allo. gitti chon . . soin 217-25-758 120. Lies . Tall - 51 116 110.-2127

50 22 1 43

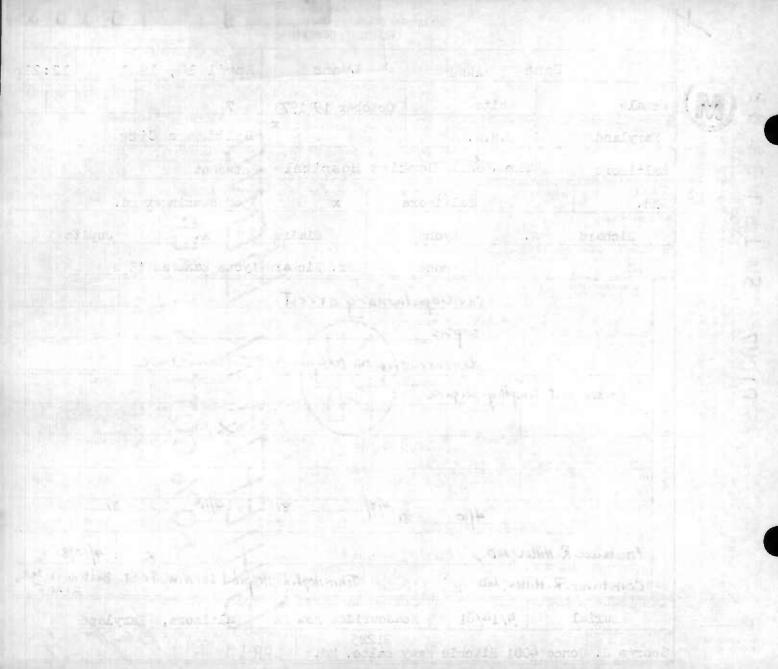
The side of months in the

unia :- 2-1 pin e emer e el ovu

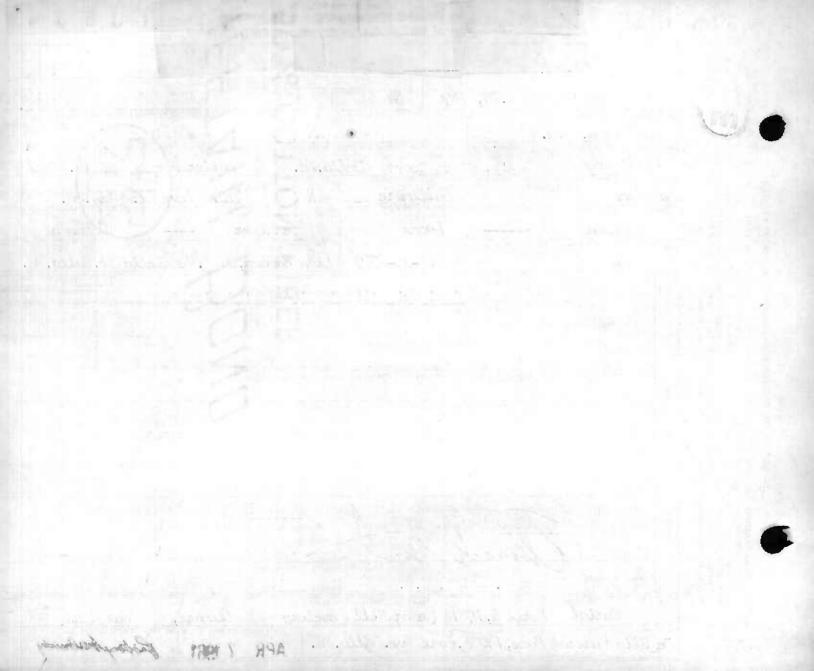
11-1-03631 1

tier in.

X	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF E	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 1-	100	0 3
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		2h HOUR
be at l			Dana		NNE		Lyons	April 10		12:22
the Chamb	3. SE		4 RA			5 DATE (DAY YEAR	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
P FIMI		emale		White		Oct	ober 19 1973	7	YRS	
1 1 135	N	RITHPLACE ISTATE OR FO		U.S.A	what country?	MARRIE WIDOWI	D NEVER MARRIED K	Baltimorecityo	e City	MD.
133		TY OR TOWN OF DEAT Lltimore		NAME OF P	OSPITAL, NURSING PACILITY, GIVE STREET HOP	GHOME (ADDRESS) Kins	Hospital	120. USUAL OCCUPATION OF WORK FOR MOST OF Student		OF BUSINESS OR Y
24 have	13a. S	AL RESIDENCE HE NURSING TATE	NG HOME OR OTHER	R INSTITUTION.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	'N	13d INSIDECITY LIMITS? YES NO	136 STREET ADDRESS 3568 Benzi	nger Rd.	
250	14. FA	ATHER'S NAME	WIDDL	E	LAST		15. MOTHER'S MAIDEN NA	ME		TZA
1300		Richard	A.		Lyons		Claire	Α.	Jup	itz
Pages 1		VAS DECEASED EVER I	N U.S. ARMED		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE		
B a a		NO			none		Mr. Richard	Lyons same		DXIMATE INTERVAL N ONSET AND DEATH
require that the seen signed by the oil. Then please remoint to burial, crematiny injury, or other tro	CERTIFICATION		ediate i the last IFICANT CONI	oitions co	SUZWE	tive o	SENTIAL NET YOU NOT RELATED TO THE TERM N WAS PERFORMED			
ician.	TIFIC							YES NO	IN CERTIFYING CAUSE	
ding physicists certificate burial-transi Mental Hygi or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRI	AUSE OF DEATH	21b. TIME O HOUR A P., 21e. PLACE O	M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	
s the sond	ME	WHILE NOT WHILE	.E 🗍		EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WH COUNTY	STATE
Nospital ar DECTOR: Af ed far use a pt. af Health em 21 is ma		22a. I certify that (I) (saw the deceased above, (I) (we) (di 22b. SIGNATURE	d alive an	4	10 19 5		, 19 % and that in (my) (our) opinian DEGREE ,	, ta 4/10 deoth accurred an the do		, that (I) (we) lost the couses stated
y the ho RAL DIRE detached late Dept VT. If Item		Constance		HD.	Mark	Lithe	dell ATTENDING PHYSICIAN	MEDICAL STAF	F . al.	0/81
10 FUNERAL I should be deta with the State I IMPORTANT: If		Constance	R. Hille		7	tudak	Johns Hopkins H		volfest. Bult	imore, Md, 21205
P	23a. E	BURIAL, CREMATION, R SPECIFY) Burial		6. DATE 4/14/	· -		emetery or crematory ridge Mem Pk	23d LOCATION CITY OF TOWN Baltimore	Marydane	STATE
16 30M 2/80 A 15, 4)	0.1	UNERAL DIRECTOR	noe linc	14 D1+	ADDRESS	212	40	E REC'D. BY REGISTRAR	256. RECESTAR'S SAFE	Rivery



7	1	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTH			YGIENE F DEAT	н	REG. NO.	0	0	0	4
5. 5. 5. 5. F.		CEASED NAME PE OR PRINT)	FIRST Jack		WIDDLE			Lyons		20	DATE KNO OF ES DEATH MA	OWNXX	MONTH	DAY 2	YEAR	2b. HOUR
T, PLEASE DIRECTOR. 20 HOURS ON STREET,	3. SE	x ale	4. RACE White	S. DATE OF BIRTH DAY DAY	1896	6. AGE (IN YE LAST BIDTHD	ARS IF UN AY) MONT	DER 1 YR.	IF UNDER		DATE ONOUNCED DEAD		MONTH 4	DAY	YEAR 1981	2d. HOUR 6:03
138	W	IRTHPLACE (ST DREIGN COUNTRY)	on. Pa.	76. CITIZEN OF W	HAT COUN	ITRY?	8 MARR WIDOV		VER MARRI	ED 🛄	BALTIMORE Bal	timor	-	Y OF D		MD
F ANY DELAY ISTA F AND 3 TO THE FU. RETAIN PAGE SHOULD BE FILED I RECORDS, 201 W	1	ity or town o Baltimo	re	11. NAME OF HOS (IF NOTIN SUCH FA	eve 1	Court	Bas	to.Md		12a USUA FORMO:	LOCCUPATION OF WORKING	ON (TYPE OF		OR	ID OF BUILD INDUSTR	Y
ANY DANY DANY DANY DANY DANY DANY DANY D	139. S	al residence of	13b. COUN	OR OTHER INSTITUTION, GI	VE RESIDENCE	DR TOWN	ON)	13d. INSIDE (NO [13e. STREE 410	TADDRESS		Bal			
9 .00~4		ATHER'S NAME INKNOI		MIDDLE		LAST ONS		15. MOTHE	R'S MAIDE Jenni	h name	MIDDLE	_	(lnkn	AST OWN	
BALTIMO S AFTER I GIVE PAC ITH FOR/ PAGES I VISION (16a. V (Y	VAS DECEASED ES, NO, OR UNKNOV	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		S-03-05		IV. INFORA	THAM		E.Hen	DDRESS riett	ta Sa	t.Ba	lto.	Md.
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. R.3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND. EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Candition gave ris cause (a) lying caus	IMMEDIA is, if any, which e ta immediate stating the <u>under-</u> se last.	TE CAUSE (a) AI DUE TO, OR (b)	AS A CON	OSCI ero	OF OF				Diseas	e		BETWI	PROXIMATE EEN ONSEY	AND DEATH
SHOULD SHOULD SHOULD SOND "PEN CHIEF MI E USED A URIAL, CONICAL CONTRACTOR HEAD A URIAL, CONTRACTOR HEAD A URIAL CON	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						UTOPSY?	№ 🛭
ON OF VILLE WE TO THE WOULD B ARTIMEN		UNDERLYING CONTRIBUTIN	G CAUSE OF	DEATH P.M	MONTH	DAY YEAR	21c. He	YAULMI WO	OCCURRED) LENTER NAT	URE OF INJURY IN	N ITEM 18 PAR	ET 1 OR PAR	T 2)		
AAR AAR	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE C	21e PLACE (OF INJURY FORY, FARM, ET			TREET		C	ITY OR TOWN	0.5	cou	INTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA		death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	NAME Thon	pe of the remains des	Actident th, M	Jsu M.D.	1	Hamic TITLE (SI Deput	PECIFY) y Chie	Undetern ef _{MEDICA} Penn	Inquiry Inquir	r	in my api DATE SIGNEI		4-3-	31
PP	(5	PECIEV\		pril 6, 190		edan H.		emete	ry		imore,		Mari	ylan		TE
25 9 DHMH - 17 (VR A15 ME (5))				lome, 130 RESS	.Fora	Ave. L	Balto	.Md.	APR	EC'D. BY RE	GISTRAR 25	Sb. REGISTE	KAR'S SI	GNATU	RE	,



10/20/2 . Dalton reald Dalto., M.

	£	
_	deo	
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs offer death.	
2	Jrs o	
7	hor	
2	24	
4	hin	
¥	3	
٤	red	
2	xecu	
<u> </u>	0	
A .	te b	
20	001	
2	- t-a	
5	÷	
2	deo	
ž.	the	
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2120	hot	
2	es t	
Ś	quir	
5	ē	
ž	0	_
A	The	CION
=	Ž	hysi
Ċ	CIA	9 6
S	1YS	din
2	4	tten
á	Z	0 70
	Z.	0
	FIA	Spit
	S.	retained by the hospital or attending physician.
3.0	AL C	the
	PIT	by
	OF	ned
	0	eto

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and campletely filled in by the funeral directors should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumance event, the medical examiner must be notified or one.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR STATE CERTIFICATE OF DEATH Page 4 may be

и		REGISTRAR		CENTIN	CAIL OI DEATH	REG. N	Ю.			
	(TYPE	TEASED NAME FIRST TACK	7 1 1 1 1 1	111	MABRY MABRY	20. DATE OF DEATH	*	16 81	0/	2Spm
ì	3. SEX	m	4. RACE	5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS	MIN MIN
ì			76. CITIZEN OF WHAT COUNTRY?	8	Busies II	9 BALTIMORE CITY		Y OF DEATH		
2		ISSOUR 1	USA	WIDOWE	D DIVORCED D	BALTE	, C	74		MD.
	10. CH	BALTO	11. NAME OF HOSPITAL, NURSII IN NOT IN SUCH FACILITY, GIVE STREET OALTO,		rother institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)				ESS OR
5	130 S	TATE 1 BA	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 13c. CITY OR TOV MIDDLE K		136 INSIDE CHTY LIMITS?	13e. STREET ADDRESS	HIRD	RA		
-	14 FA	ALVA	MABRY LAST		15. MOTHER'S MAIDEN NAM FIRST ALL EEN	MIDDLE MIDDLE	ME	- S LAS	51	
2	{Y	(AS DECEASED EVER IN U.S. AR) ES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SECTION (1880) 10 12	6531	NANCY	MABRY	ESS	ABE	VE	
Market Color State Color	rion	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO SECUENCE OF TO SECUENCE OF THE SECUENCE OF T	DEATH BUT	NOT RELATED TO THE TERMI		1337			
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDII FYING CAUSES ES []	NGS USE S OF DEA NO [TH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19	21f. LOCATION STREET	CITY OR TO		PART 1 OR PART 2)	1	STATE
		AT WORK	attended the deceosed from.	, an	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the c	AFF	ur and fram the	that (1) of courses start (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	tated
		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		CALTIMORE CY	ry HOPPYAL	1 06pm	sor we	Orch	4E
	(5	URIAL, CREMATION, REMOVAL BEMOVAL	23b. DATE / 18/81 H	USB1	ANUS	23d. LOCATION CITY OR TOWN		COUNTY P	A.	TATE
	-	UNERAL DIRECTOR	ADDRESS	4	250. DATE	R21 1981	25b. REGIST	TRAR'S SIGNA	TURE	7
	- K	IN Aller II.	-13/14. (A	7 4 4 4	1 14 1 1	4.6	"March	- //		/

300 MACE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

CENNELLY SONS

-011			A 100 - 100		
		STATE STATE OF THE			
		Estav Primary			
				100	
A COST					
			A LONG THE SEC.		
		A 12	A NO ALM	1420	
TANKS.	media 2	Caregorian D	1 21 512		
		er i verd kryed (Mikolija			
Shirt 034 257	W Zaranie ja	2440000			
144 7	SENAMOR.	20/16/12	4 15 pt 1	15000	

executed within 24 hours at

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

1/	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG.N	10.	0 0	0 7
E Hard W	1 DECEASED NAME	FIRST		DOLE		AST	20. DATE OF DEATH		AY YEAR	26. HOUR
th 3		Robert	F	ranklin		ckert	April 14,	1981		12:25p,
100	3 SEX		RACE		5. DATE C		AGE JIN YEARS LAST OF		IF UNDER TYEAR	IF UNDER 24 HRS
(MINITE)	Male		aucasia			ruary 29, 1921	57	YRS.		
10 BS	78. BIRTHPLACE ISTATE ORFO	DREIGN 7b.	U.S.A.	HAT COUNTRY?	MARRIE	DED NEVER MARRIED DO DNORCED	Baltimore City	OR COUNTY	OF DEATH	MD
by the traced within	10. CITY OR TOWN OF DEA		I IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT 1TYPE OF WORK FOR MOST		12h KIND C INDUSTRY Ship	
mus file	USUAL RESIDENCE IN NUR	ING HOME OR OTH	HER INSTITUTION O	IVE RESIDENCE BEFOR	E ADMISSION)	rvice Hos@ital	•		1 Surb	DTIM
etely filled in 2 should be fil examinet mu	Maryland	Balti		Baltim		134. INSIDE CITY LIMITS? YES NO 115. MOTHER'S MAIDEN NAM	7734 Washi	ngton :	Boulev	ard
d 2 st	FIRST	MIDE		LAST		FIRST	MIDDLE		LAS	
d comple in and 2	Joseph	INI II S ADAGE		Mackert SOCIAL SECU	IBITY NO	Ruth	ADDR	PS 2 - 2 - 2	Smith	
Pages, the n	IYES, NO OR UNKNOWN)	1942-	R OR DATES)	219 14		Medical reco		rtal,	Balto.	, Ma.
y sicia bers. byal. event	II CAUSE OF DEAT PART I. DEATH W	H (Enter only o	one couse per li	ne for (o), (b), on	d IC'.1				APPROX BETWEEN	ONSET AND DEATH
een signed by the atter Then please remove cor or to burial, cremation any injury, or other tr		nediate ig the lost NIFICANT COM	DUE TO, OR	AS A CONSEQUI Renal ce	wer 1 ENCE OF 11 ca DEATH BUT	NOT RELATED TO THE TERM				
ate has b t permit. giene pri 8 shows	190 DATE OF OPERA	NOI	1% CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH? NO
s certificat al-transit pental Hygin	OR CONTRIBUTION .	AUSE OF DEATH	21b. TIME OF HOUR A.M	MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED JENTER NATURE OF INJU	JRY IN ITEM T8, PA	RT I OR PART 2)	
After the	LIFETHER, NOTIFY MEDIC 214 INJURY OCCUR WHILE NOT W AT WORK AT WO	TILE C	21R PLACE O 1AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ECTOR: for use as t. of Healt em 21 is i	22a.1 certify that (1) sow the decease above, (1) (we) (c	d olive on	ADTLL	1/1 19	01 , 01	nd that in (my) (our) opinion o	to April	lote and hour	and from the	
by the hos ERAL DIR e detached State Depi	Lewill	ano	L	Lun	gn	DEGREE 77. D. ATTENDING PHYSICIAN	MEDICAL STA			1/14/81
D FUN ould but the the	M. PHYSICIAN'S N.			NGON	1	Baltimmre U.	S.P.H.Servi	ce Hos	pital	
e ⊭# ₹ ≧	230. BURIAL, CREMATION, ISPECERY) Buria		236. DATE 4/17/8	1 Me	adowr	emetery or crematory idge Mem. Pk.	23d LOCATION CITY OF TOWN Elkridge	Howa	rd Co.	
DHMH-16 25M [VRA 15, 4) 1/79	24 FUNERAL DIRECTOR NAME Hubbard Fun	eral Ho	ome, In			Md. 21229 250 DATE	PR 1.51981	25b. REGISAL	AR'S SIGNAT	TURE

hera larcate

dancoi

object the description of the decision of the Concenies Polymery 69, 1981 D. Fri • 4 • 4

saltimore I.S. mblin Health grains orbital same parties deline a chime a continua somethin boulered

1.8.F.E.E. Deritel, Delto., 116. moors fortige till the or allower

oute requireform billing

Minist Lower John menunchin

VI opata Granianua Elea Perall

18 II lings II Elings

elt jes

frigge of me. . . . or mid for

T'y

ne the take force years farm a comment

The Drew Law Law Color

to p	1 - STATE REGIS	TRAR		ME	DICAL	STAT MENT OF H EXAMINE	EALTH		NTALH			REG. N	1 0	Ü	0	8
Marin Se	TYPE OR PRE	LITS	ARTH		NMN	M	ACKL	EY			OF	ESTI- MATED	4-2		8î	26 HOUR
PY, PLEA DOMECTIC DOM FILE DOM STREET	male male	4 RAC		July 5,	1955	6. AGE (IN YEAR LAST BIRTHDAY 25 YRS	MONTHS		IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	ICED	4-27	DAY	81	24 HOUR 11:0
	Mar	yland		76. CITIZEN OF W	HAT COUN		MARRIE	D NEV	ER MARR	IED V	9 BALTIM Balti		OR COUNT	Y OF DI	EATH	MD
PACHAY IS TO THE F PACHE SS. 2017	Balt:				Thive	rsity" h	ospi	r institut tal	ION	12a. USU FOR	JAL OCCUP MOST OF WORK archi	KING LIFE)	YPE OF WORK		D OF BUS INDUSTR	
- He = 0.0	Maryl		RSING ME OF OUNT Wash	ROTHER INSTITUTION, G IY nington	13c CITY	OR TOWN Gerstow		13d. IHSIOE (I'	TY LIMITS?		BET ADDRE		ay			
SALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND 3 ITH FORM PM 3. RETA PAGES 1 AND 2 SHOULI VISION OF VITAL RECOLI	14. FATHER'	Kenne ^s		Mackley		LAST	-4		neida		MI	IDDLE		L	AST	
URS AFTER DEATH. URS AFTER DEATH. B. GIVE PAGES I. WITH FORM PM. II. PAGES I AND	160. WAS DE {YES, NO, C	CEASED EVER	IN U.S. ARM	AED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	Kenr		J. M	ackle	y, H	ss agerst	own	, Mo	d.
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUE RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, 2, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 2	ARTIDEATH W Conditions, if cooper rise to ause (o) stating ying couse lost. OTHER SIGNIFICAN	IMMEDIAT ony, which immediate the <u>under</u> -	E CAUSE (o) DUE TO, OI	R AS A CON	ISEQUENCE OF			I GIVEH IN PA	RT 1 (a),						AND DEATH
HOULD BIND PEND PEND PEND PEND PEND PEND PEND PE	210. E	ATE OF OPERA	ATION	19b. COND	TION FOR	WHICH OPERA	TION WA	SPERFORA	MED?						JTOPSY?	NO []
ON OF V		RLYING CAUSTRIBUTING	SE WAS OR CAUSE OF D	21b. TIME O	MACHTE	7- 19 81	pas:	w INJURY senge:	occurre r of	auto	fixe	d obj	ect in			
DIVISI HIS CERT WRITING ARDED AGE 3 SH ATE DEP	WHIL	ORK AT W	WHILE X	ile PLACE STREET, EAC high	OF INJURY TORY, FARM, ET Way	(AT HOME,	Har	pville	e .4	S. 0	f F	reder	ick Co		У	STATE
AL EXAMINER HE CERTIFICAN HE CERTIFICAN HOULD BE FO HALD INECTOR TH, WITH THE EE, MARYLAND	ACTU SIGN	AL ATURE	1049	e of the remains de ol couses ,	Accident Me Up	XX Suic	Mee Autopsy ide ,	Homici	ecify) stant	Undet	Inquiry ermined mo	nner	DATE SIGNE	inion 04-2	8-81	
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE AFTER DEA	230. BURIAL, (SPECIFY)	OR PRINT)	EMOVAL 23	garita A.	23c. N	I M D	TERY OR		RY	23d. LC	n Stre		COUN		STA	TE.
BP DHMH - 17 (VR A15 ME (5)) 15M 2/80	buria	al		Apr.30,1 H FUNER d., Hag	981 AL H erstov	Rest H	. 21	740		REC'D. BY	gerst REGISTRAI	R 25b RE	Wash	, M	aryla	and

I Swatter ACCUPATION OF THE PROPERTY OF THE PARTY OF T u g c enjurica ope mi coelos besil lesa la regresia e 13 -/2-0 200:} tangon of highway to . b f. of liveren community . IS SELECT THE SEE 19-32-4 operation with the Toronto. passive and that the commonly a structure

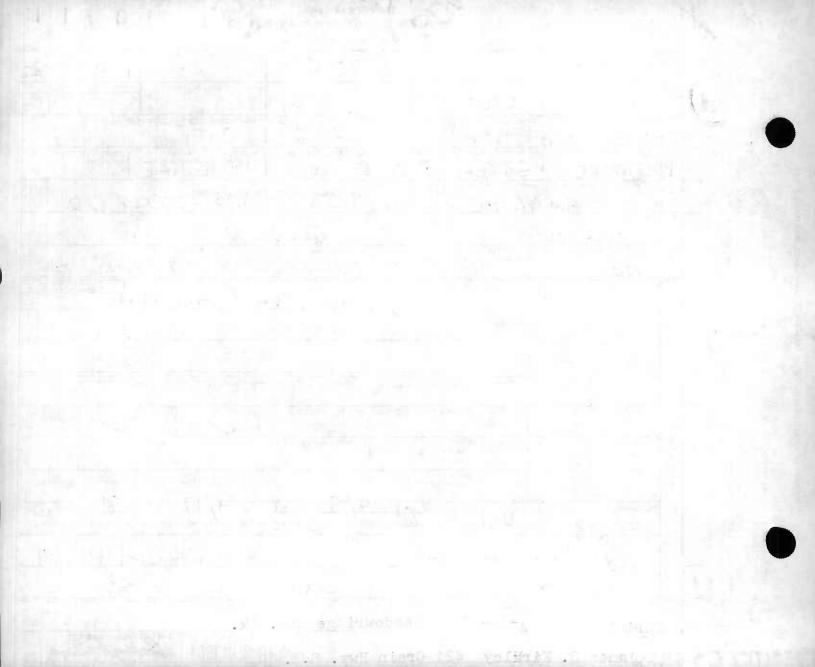
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) APRIL 01, 1981 01:26PM MAGNESS LAWRENCE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER 1 YEAR IF LINDER 24 HRS Feb, 18,1907 YEAR 74 White Male IN BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Maryland U.S.A. BALTIMORE CITY WIDOWED [] DIVORCED [D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR Disabled INDUSTRY THE TOHNS HOPKINS HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13. SIREE ADDRESS Monument St 13c. CHY OR TOWN Baltimore 13d. INSIDE CITY LIMITS? Maruland YES I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Blum LAST Margaret William Magness DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 907 Starbit Rd 21204 Mrs Alice Staab 215-05-7605 NO APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio - Palmonon 1.2 minuter DUE TO OR AS A CONSEQUENCE OF 75 450 Conditions, if ony, which Sovere Cardionyanathi gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOT YES T NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on April .19 🛣 🔍 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (i) (we) (did) (did not) view the body after death 22c. DATE SIGNED 225. SIGNATURE DEGREE ATTENDING MEDICAL STAFF m.D DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OR LOWN (SPECIFY) 4/3/81 Moreland Mem Park Baltimore, Maryland Burial 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 25h. REGISTRAR'S SIGNAR DHMH-16 30M 2/80 APR Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

A STATE OF THE STA

STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MODITY MOD	6/1	FOR					DEPART	ST IMENT O	ATE OF A			IYGIEN	E 8		1	0	0 1	()
Mary M. Maguire Death Mate 4 2 18	1.											4		REG	. NO.				
Mary			WE	FIRST						LAST			OF	ESTI-	XX	HTM(DAY Y	EAR 2	h HOL
Female	CE	EV	A BACE		5 DATE O	E BIDTU	М.	LACETIN		-		0.4.1100		MATED		4 1			1 1101
Baltimpace (statics of concentration) Maryland U.S.A.	_				MONTH	DAY		LAST BIRTH	HDAY) MONT			MIN.	PRONOU	INCED				1	1 : 25
Maryland D. CITY OR TOWN OF DEATH Baltimore III. NAME OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION SUAL RESIDENCE (If HE NURSING HOME OR CITHER INSTITUTION OR RESIDENCE SEGON ADMISSON) III. COUNTY Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO III. CANNO OF HOSPITAL, NURSING HOME, OR CITHER INSTITUTION Baltimore III. CANNO II	0. 1	BIRTHPLACE	(STATE OR		7b. CITIZE	N OF WH	IAT COU	NTRY?	8. MARR	IED N	EVER MARR	IED 🔀			_		OF DEAT		
Baltimore If Moting Mary State 1739 Wilkens Avenue		Mary	land																М
134 STRET 135 COUNTY 136 CITY OR TOWN 136 LINSBE OF THE STRET ADDRESS 14739 WILKENS Avenue Balto, 14 FATHERS NAME 14739 WILKENS Avenue Balto, 15 MOTHER'S MAIDEN NAME 14739 WILKENS Avenue Balto, 15 MOTHER'S MAIDEN NAME 15 MOTHER NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER NAME 15 MOTHER'S NAME				H		IN SUCH FAC	CILITY, GIVE	STREET ADDRESS	5)	IER INSTIT	UTION				(TYPE OF W	ORK 121	or ind Glass	USTRY.	Mas.
ILE PATHER'S NAME MADDLE LAST MADDLE MAQUITE MATGREE MADDLE MATGREE MADDLE MATGREE MADDLE MATGREE MATGREE MADDLE MATGREE MADDLE MATGREE MAGDLE MATGREE MATGREE MAGDLE MATGREE MAGDLE MATGREE MAGDLE MATGREE MAGDLE MATGREE MAGDLE MAG	JSL 30	STATE	113			TUTION, GN	13c. CIT	Y OR TOWN				13e STRE	ET ADDR	ESS lkens	Ave	nue	Ra I t	2122	3 Md
Andrew Maquire Maybre Margaret Dee Maybre Margaret Dee Maybre Margaret Margaret Dee Dee Margaret Dee Dee Margaret Dee Margaret Dee Dee Margaret Dee Dee Margaret Dee Dee Dee Dee Dee Dee Dee							1 De		LC	-					1100	Huc	Dair	,	riu
THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a) stating to death but not related to the terminal disease or conditions, if any, which gove rise to immediate couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION WAS PERFORMED? 20		Andre	W		WIDDLE		M		e	Ma	argare	t					De	ee	
PART DEATH (Enter only one couse per line for (a), (b), ond (c).) PART DEATH MS CAUSED BY:	-	(YES. NO, OR UNK!												ADDR	Bàlt	0.,	Md.	212	23
PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease	_	NO					21	.4-01-	4766	Cati	herine	Maq	uire	1739	Wi1	kens	s Ave	enue	
UNDERLYING OR COUNTY THER UNDERLYING OR COUNTY THER UNDERLYING OR P.M. 19 216 INJURY OCCURRED WHILE NOT WHILE AT WORK 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 216 PLACE OF INJURY (AT HOME, STREET) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry , and in my opinion death resulted from: Notural couses XX. Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE EXAMINER'S NAME Virginia L. Dollan M.D. EXAMINER'S NAME Virginia L. Dollan M.D. LIL Penn Street	NO	PART 2 OTNER	ouse last.		_ ((c)				E OR CONOITI	ION GIVEN IN PA	RT 1 (a).							
UNDERLYING OR UNDERLYING OR P.M. 19 216 INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Industry	FICAT	190. DATE C	OF OPERAT	ION	19b.	CONDIT	ION FOR	WHICH OP	ERATION V	AS PERFO	RMED?		14						NO X
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion death resulted from: Notural couses . Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-12-8 EXAMINER'S NAME Virginia L Dollar M.D.			NG O	R	HC	OUR A.M.				SULMI WC	Y OCCURRE	D LENTER N	ATURE OF IN	NJURY IN ITEA	A 18 PART 1	OR PART 2			NO IX
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion death resulted from: Notural couses . Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-12-8 EXAMINER'S NAME Virginia L Dollar M.D.	MEDIC	21d INJURY WHILE AT WORK	OCCURRE NOT W AT WC	VHILE ORK									CITY OR TO	OWN		COUNT	ĮΥ		STATE
EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street		22a. I cei deoth resu ACTUAL	ertify that I to	toak charge	.1				Suicide	, Hom	(SPECIFY)	Undete	ermined m	nonner],			2-81	
A SANS		(TYPE OR P	RINT)			L. [ADDRESS,				Stre	et				
236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial 236. DATE 4/15/81 New Cathedral Cemetery Baltimore Mary 24 FUNERAL DIRECTOR NAME Balto., Md. 21229 256. DATE REC'D. BY REGISTRAR 256 WARTS 14 PARTS 14	23a.	(SPECIFY)					N	lew Cat	thedra	1 Cer		23d. LO		nore		COUNTY		state	

Party of the court and the first and the last

8287	1	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 Î	100)
o ma			CEASED NAME FIRST OR PRINTS SUSIE	MIDDLE		AKSIM	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 23
nay b	7	3 SE		I RACE	5 DATE C		6. AGE LIN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	8 7 M
age 4 r			F	CAUC	MONTH 1	27 89	91	YRS.	S HOURS MIN
death. P	97	05	RTHPLACE (STATE OR FOREIGN 7 DUNTAY) ECHOSLOVAKIA	L SA	MARRIE	NEVER MARRIED DIO DIO DIO DIO DIO DIO DIO DIO DIO DI	BALTIMORE CITY O	R COUNTY OF DEATH	MD.
urs after	1/3	10 C	ALTIMURE	11. NAME OF HOSPITAL, I		N HOSP	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR	F WORKING-LIFE) INDUSTR	OF BUSINESS OR
tilled in			AL RESIDENCE IN NURSING HOME OR OF THE THE PROPERTY OF THE PRO	OTHER INSTITUTION, GIVE RESIDENT TY 13c. CITY O	CE BEFORE ADMISSION) OR TOWN EN BURNI	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	SERLY ,	RD
cuted with	to the same of	IL F	THER'S NAME FIRST UNKNOW		AST	IS. MOTHER'S MAIDEN NA	1 MIDDLE		LAST
e be exec	event, the mee		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	156329	JOHN MAKS	ADDRE	8 EDGERL	Y RD.
v requires that the death ce en signed by the attending the niew carbon	to t	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART	1(o) —
V: The lav	and Mental Hygiene prior srked or Item 18 shows an	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
HYSICIAI physician is certifica	ental Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	TH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2	
Trending After this the buri	th and Marked o	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n county	STATE
hospital or at DIRECTOR:	of Heal		220.1 certify that (1) (this haspite saw the deceased alive on above, (1) (me) (pid) did not)		_19		death occurred on the do	te and hour and from the	e, that (I) (ve)last he couses stated
TAL the	State Dept.		THE SIGNATURE OF THE	auste n	MO.		MEDICAL STAF	F _ 111	TE SIGNED 17/81
TO HDSPITAL retained by the TO FUNERAL should be detailed.	with the State		G.L. Wel	gowske		300 l	S- Hano	ver st.	
BP	s =		BURIAL, CREMATION, REMOVAL	136)DATE 1-20-81		emetery or crematory wridge Mem.		COUNTY	
DHMH- (VRA 15		24. F	James S. K	irklev 42		0.5	R 21 1981	25b. RECONTRAKS SIGN	Brooky



page 3

may be

T	TE	OF	MARYLAND	
---	----	----	----------	--

S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

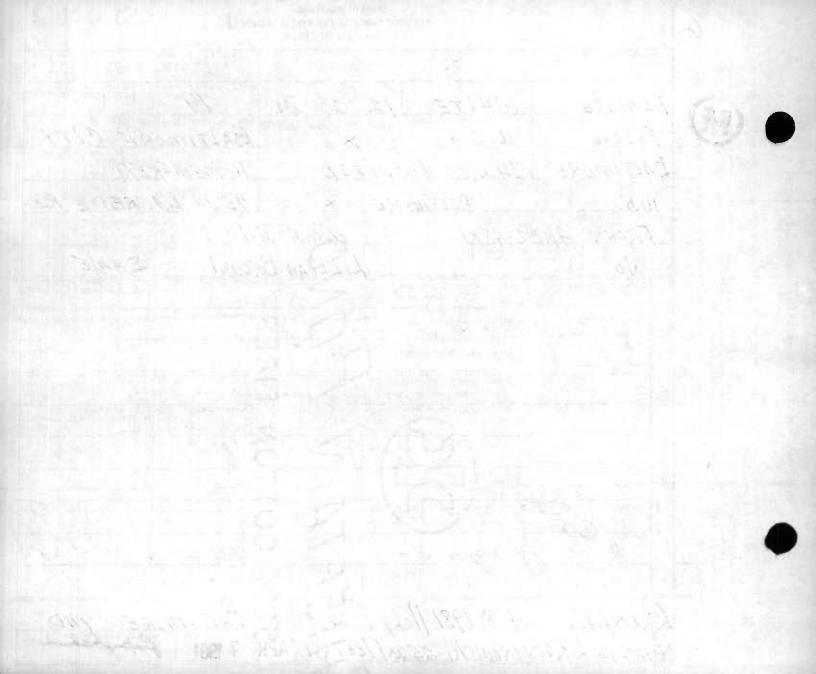
1 0	0	2
-----	---	---

61	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND CERTIFICATE OF		8 1 REG. N	10) 1 2
	DECEASED NAME FIRST YPE OR PRINT) HELE	EN R.	MALENSK		APRIL	3, 1981	26 HOUR 11:55A
3 5	FEMPLE	WHITE	5. DATE OF BIRTH	O1	GE (IN YEARS LAST BI	YRS MONTHS D	AYS HOURS MIN.
77	POLATO	76. CITIZEN OF WHAT COUNTR	MARRIED L NEVER	WARRIED 7 B	BALTIN	OR COUNTY OF DEATH	HITY MD.
356	ALTIMORE	11. NAME OF HOSPITAL, NUR HENOTEIN SUCH FACILITY, GIVE STA	SING HOME OR OTHER INS REET ADDRESS)	TITUTION 12a	USUAL OCCUPAT WORK FOR MOST	ON 12b. KIN OF WORKING UEEL INDUS	ID OF BUSINESS OR TRY
85	HALP SIDENCE (IF NURSING HONEOR	ROTHER INSTITUTION GIVE RESIDENCE BEI	OWN 13d. INSIDE C	NO Z	STREET ADDRESS	LAWRENC	E RD.
30	FRANK AKC	ZYNSKI LAST	15. MOTHER	SMAIDEN NAME	MIGDLE		LAST
2	WAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	CURITY NO. 17 INFORMA	AN BROW	WN	SAM	E
The Troumbre events.	PART I. DEATH WAS CAUSE	TE CAUSE (a) TERMIN DUE TO, OR AS A CONSEC	NAL HEPATIC DUENCE OF C LIVER DIS	The second		BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
NO	PART 2 OTHER SIGNIFICANT C	(Ic) CONTRIBUTING TO CONGES	ODEATH BUT NOT RELATED			IDITION GIVEN IN PAR	T I(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFO		00 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
9 EDICAL	OR CONTRIBUTING CAUSE OF GEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	19 211. LOCATK		ENTER NATURE OF INJU	IRY IN ITEM 18 PART) OR PART	
Hem Z 1 5 morks	220. I certify that (I) this haspers saw the decreased alive on	to attended the deceased fran APRIL 3, 19	MARCH 30, 81, and that in (my)			ate and havr and fram	the causes stated
NA N	72d PHYSICIAN'S NAME (149E O A. F. NAZ		22e ADDRES	PHYSICIAN DIR	HOSPIT	ALTIMORE,	
Z	VINERAL DIRECTOR	23b. PATE 198/ 7	NAME OF CENTERY OR O	CEM.	194	N SR E 25b. REOSTRAL	MD
Y	YMOND L. NAC	ZIROWSKI 25	SASTICE	/- APK	7 1981	heeberd	-/

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-training primit. Then please remare carbon appro-with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.



injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIS				CERTIF	ICATE OF DEATH	REG. NO	D.				
1. DECEASED			MIDDLE	l	AST	It brite or berini	HINOM	DAY	YEAR	26 HO	JR
(THE ONT KINET)	R	OSALIE	S. N	NALL	OTT.	APR	11-	8	1981	3	P. M
3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY}	IF UNG	DER I YEAR	IF UNDER	R 24 HRS
. Fe	emale	Whit	e.	Feb		52	YRS		DATS	HOURS	MIN
70 BIRTHPLAC	CE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF D	EATH		
Wash	n., D.C.		ISA	WIDOWE	DIVORCED	Baltimo	re C	City			MD.
	OWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING		KIND O	F BUSIN	ESS OR
	ltimore				neral Hospita	al Domest	ic				
SUAL RESID 130. STATE	PENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS					
Mary			Baltimo	ore	YES 🔀 NO 🗌	3545 Gr	eenr	noul	nt A	venu	Je
14 FATHER'S	NAME FIRST	WIOOFE	LAST		15 MOTHER'S MAIDEN NA	MIODLE			LAS	T	
	arles		Mouer		Ida				Cusc	cic	
160 WAS DEC (YES, NO OR	EASED EVER IN U.S. AF	RMED FORCES? (E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS				
No.)		249 36	7921	Miss Debo	orah Mallot	t	Sa	me		
	JSE OF DEATH (Enter o		- 61						BETWEEN	MATE INTE	RVAL) DE ATH
		TE CAUSE (0)	KESI	PIRA	TORY ARRE	SST			15 1	MINUS	5.
1/6	024	DUE TO, O	R AS A CONSEQUE	NCE OF	and the second						
	tions, if ony, which	((b)	CA	NCE	R OF LU	NG					
couse	rise to immediate (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF							
underl	ying couse last	(c)							1		
	OTHER SIGNIFICANT	CONDITIONS CO	ontributing to i	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	OITION G	IVEN IN	PART 1(c	0	1763
CERTIFICATION 210 YEAR 210 YEA											
S 190 DAT	TE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			RE FINDIN CAUSES		
Ē		7 400 7005 0	5.15.44.15.4		101 11011111111111111111111111111111111	YES NO		YES		NO [
	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DE	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 C	IR PART 2)		
9	ER, NOTIFY MEDICAL EXAMINER			19	21f_LOCATION						
WHILE WHILE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	7	co	DUNTY	S	TATE
AT WORK	AT WORK				-8- 10 81	0.	O.		2011		
	ertify that-(1) (this hasp v the deceased alive or	P.3.	e deceased from	P1	nd that in (my) (our) apinion	death accurred as the da	to and b		-	thotal (,
obi	ove, (I) (we) (did) (did no				DEGREE	deall accorded on the de	ne ond ne		22c. DATE		
220. 310	Dane.	DI			ATTENDING	_ MEDICAL STAF	F			P-8	
224 DEL	YSICIAN'S NAME (TYPE	OR BRINTI	- 4		PHYSICIAN [DIRECTOR PHYSIC	IAN 🔀	1		. 3	
	SHAHID	SAEED	4.0			ARLES GEN	. HO	92			
	- 11 11 11 11	SUCED	F-1 D		INDIANTI CIT	The Acid	1,0				

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/10/81

23c. NAME OF CEMETERY OR CREMATORY Parkwood

23d. LOCATION CITY OF TOWN Balto.

Co.,

Md.

^{24. FUNERAL DIRECTOR} Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 1 () 1981

a la de la 1921 par collecte de la 1921 par la 1921 pa Wash., C.C. U was Editioned City -Line rei Lo 249 Sa 7621 Iviss Deponds Mallott Same Sa ATUST Purkwood Ealto. Cc., Md. I i L Honey M. Jankins & Sone Co.

ASSET OF FOR Elto., Mg. 21212

Walter Brooks Bradley Inc. Balto. Md

(VRA 15(4))

STATE OF MARYLAND

	.	5	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA	MENTAL HYG	REG. N	0 0	15
	00			CEASED NAME FIRST		MIDDLE	L	151		20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
	000			SHAR	RON			LONE		APRIL 19	1981	1:20AM
	- E 67	1	1 SEX		4 RACE		5. DATE C		- Y-A D	6 AGE IN YEARS LAST BIR		FAR IF UNDER 24 HRS. ATS HOURS MIN.
	en T	A)		Female		egro	MANTH	26	55	25	YRS	
OF	- - 0	35	· ·	RTHPLACE (STATE OR FORE ON OUNTRY)		WHAT COUNTRY? JSA	MARRIEI WIDOWE	D NEVER A	MARRIED 🛣	BALTIMO	RE CITY	MD.
RD (O	Egited 3		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET OHNS HO	ADDRESS)			TYPE OF WORK FOR MOST		ND OF BUSINESS OR TRY
GUARE AND 21201	filled in sould be	33	13a S	AL RESIDENCE (IF NURS) TATE MD	DIHER INSTITUTION	Baltime		13d. INSIDE C	ITY LIMITS?	13. 578EET ADDRESS	nkford A	ve.
RYL	OFF J within	hine	14 FA	THER'S NAME	WIDDLE	TZAL			S MAIDEN NA			
DR	omple and	\$0€		Coley	Ma.	lone AST J	r.	E	Tizabe	eth	Mitc	hell
BY ORE,	S S S S S S S S S S S S S S S S S S S	dicol 1			RMED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRE		
TIM	K. P. O. C. S.	e ae		es, no or unknown) (18 yes, GIV		212-60	-8265	Cole	у мато	one 1623 (
VST. BAL	MT NT certificate ng physica banpaper remavat.	ic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per ED BY: TE CAUSE (0)	line for (a), (b), or and (b), or	6 b1	rain	dan	nase	APF BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
NON	EXA death of attender and contain, or attender contains	traumat		Conditions, if any, which	DUE TO, O	Candro		nione	any a	mest	-	4 -
AS OI W.P	CAL es that the ed by the please rer prial, crem	ar ather		couse 101, stating the underlying couse lost	DUE TO, O	RAS A CONSEOU		1 lui	dem	hals va	hon	4
SED ORDS, 2	MEDIC aw requires been signe rmit. Then p	injury.	NOI		on c	and	Ceso	NOTRELATED	n Si	ection		
RELEASED OF VITAL RECORDS,	ne pe	2 Supragany	CERTIFICATION	190 DATE OF OPERATION /8	196 COND +C	tal a	1 1	N WAS PERFO	DRMED	YES NO NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [NDINGS USED USES OF DEATH? NO
0	LI 4	ar Item 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	A111	M. MONTH D	AY YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER NATURE OF INIO	RY IN ITEM 18 PART I OR PART	72)
DIVISION	AG PHYS attendir	rked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATIO STREET	NO	CITY OR TO	WN COUNTY	STATE
٥	SNDIN ol or USE o Health	is mo	13	22a 1 certify that () (this hospi	1///	e deceased from_	891	12	. 19 5	L. to	19 8	, that (we) lost
- 4	ATTE aspirt ECTC d far	m 21		sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body	ofter death.			(our) opinion	death accurred on the di		
		F F		226. SIGNATURE MULLI PLA	Mun	d			ATTENDING PHYSICIAN	MEDICAL STA	FF . 4	1/19/81
	O HOSPI etained b TO FUNE should be	IMPORTANT		DALE R	ENLC	ins	M.	60	1 N	Broce	Lway,	Baltomore
	D = 12 %	≤	23a B	URIAL, CREMATION, REMOVAL			NAME OF C	METERY OR	CREMATORY	23d LOCATION	YINUOS	MIL
7/	(2BP	-		Burial	4/23	/81	Balti	more		Baltim		MD
20	DHMH - 16 50M 1/ (VRA 15, 4)	/81		m. C. March	F/H 1	101 AFERESS	Nortl	a Ave.		e rec'd. By registrar	Distriy M	Bulley

. due 11 sell come . RESTANTATION - BOS The CI JOSIA ON OSSS T. I evinc I. Kanter Mintle State Al. Burlack Growing 128 TO MOT 1 31/8/. [0728] f. France Schweb 512 Frenerick ave.

	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	IENES REG. NO	1 0	017
	(TYPE	CEASED NAME FIRST OR PRINTISE ASTA	W	AIDDLE M	ANGI	Agli		MONTH DAY	81 4 3m M
-	3 SE)	M	4 RACE CA	nc	S. DATE C		6 AGE IN YEARS LAST BIRTH		UNDER I YEAR IF UNDER 24 HRS HTHS DAYS HOURS MIN.
1	7o. Bil	RTHPLACE STATE OR FOREIGN DUNTRY) New York	76. CITIZEN OF V	• A •	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o		FDEATH
		BAHO	BA	FACKITY, GOYOSTRYET A	DDRESS S	OR OTHER INSTITUTION	12g USUAL OCCUPATK (TYPE OF WORK FOR MOST OF retired		126. KIND OF BUSINESS OR INDUSTRY
5	130 S	nD		BATTO		13d INSIDE CITY LIMITS?		teelte	ON ANE
7	14. FA	THER'S NAME FIRST	MIDDLE	Mangia	gli	15. MOTHER'S MAIDEN NAM FIRST	MIDDLE	unk	LAST
		(IF YES, GI	RMED FORCES? VE WAR OR DATES)	125-10-	0033	Sarah Bar:	rett Brown		
		PART I. DEATH WAS CAUS IMMEDIA 5335 Conditions, if bny, which gove rise to immediate couse (D), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE	NCE OF	Septicemio Pertic	ulco	OTTONI GIVENI	IN PART 1(n)
2	CERTIFICATION	19a DATE OF OPERATION 4/27/9/ 210. ACCIDENT WAS UNDERLYING	Per	TIONEDS WHICH O	F	acluse, N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
7	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK	HOUR A.A P.A 21e PLACE C	a. MONTH DA a.	19	21c. HOW INJURY OCCURR	CITY OR TOW		COUNTY STATE
		22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	n 4/2 of) view the body	\$ 19.8		19 P P P P P P P P P P P P P P P P P P P	MEDICAL STAF	F N	nd from the couses stoted 22c. DATE SIGNED
	23a. B	URIAL, CREMATION, REMOVA	236. DATE	NA WA	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ety	Hospital UNITY STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Zannino F

Funeral Home, 26755. Conkling

Baltimore,

St MAY A 1981 1981

Committee with the second or HIA1210 (A) HISE

Are with	7				ACCOUNT OF THE
		1 64 69		1000	14
				.4.8.0	altol Mal
	beniter		180	S Allud	
	Late MEN			3.8	
Right x	nu i		Magaz	1719	
	aworl dae	tro, deroc	EF00-03	-251	
	,stom/t/Les	AMAGE A	Maine	19/1/5	

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

i partir de la companya della companya de la companya de la companya della compan

4905 York Road Balto., Md.

(VRA 15. 4)

FR 1 40 1 321 . 12 25 Edidy Cl-ns7 / PU BhafyauM Eultinona 19:5 Southway Road Hongare on Son Street Ealtimore x feet southview Read Vary land Wann Ludonna Grinaal 0/ 218 01 0868 Joseph H. Ocoks, Vincinia Min

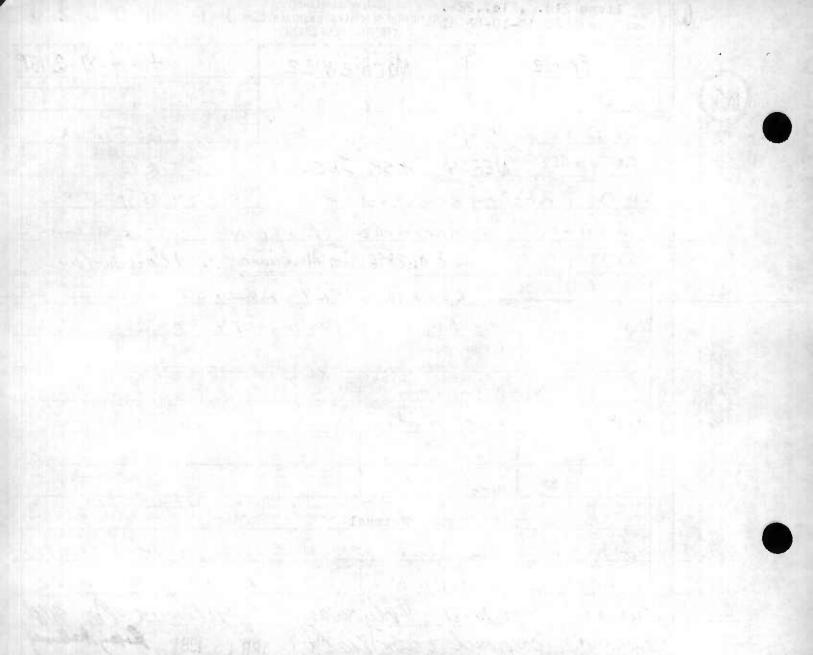
B. W. Markith Brith, M.D. 1806. Contrara Erlov. Ellio., Md.

Buriel 1561 Louison Park Blibo.

Land M. Jankins & one Oc. Apr. 161981 Freeholder.

1805 York Foat Balto., Md. 21212

6	1	Items 21d.,21e.,22a. STATE OF MARYLAND FOR STATE FILM#G560 10-19-81 ALDEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REGISTRAR REG. NO.
e desib		CEASED NAME FIRST MODIE NOT KIEWICZ TO DATE OF DEATH MONTH DAY YEAR 28 HOUR TO DATE OF DEATH MONTH DAY YEAR 28 HOUR TO DATE OF DEATH MONTH DAY YEAR 28 HOUR TO DATE OF DEATH MONTH DAY YEAR 28 HOUR TO DATE OF DEATH MONTH DAY YEAR 18 HOUR TO DATE OF DEATH DAY YEAR 18 HOUR TO DATE OF DEATH MONTH DAY YEAR 18 HOUR TO DATE OF DEATH MONTH DAY YEAR 18 HOUR TO DATE OF DEATH DAY YEAR 18 HOUR TO DATE OF DEATH MONTH DAY YEAR 18 HOUR TO DATE OF DEATH DAY YEAR 18 HOUR TO DATE OF DEATH MONTH DAY YEAR 18 HOUR TO DATE OF DEATH DAY YEAR 18 HOUR TO DAY YEAR
	Je B	IRTHPLACE USTATE OF FORECAN 2A CITIZEN OF WHAT COUNTRY? 8
1 1 53	1	MARRIED NEVER MARRIED A BALTIMORE MD.
201 by the filled win	Y	SALTIMORE (IF NOT IN SUCH FACILITY GIVES TREET ADDRESS) TWO- (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 21.	13a	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS 3 7 0 4 B N U 1 E W 130. STREET ADDRESS
MARYLA mpletely ond 2 sh	14. F	MICHAEL MIDDLE MARKIEWICZ CATHERINE RULEWICZ
IMORE, oe execut		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218.01.8896 CVA Markiwicz 3704 Bonview (We)
IT W. PRESTON ST., BALL that the death certificate by the ottending physicis os remove carbon paper is cremotion, or removal, in other froumatic event, the		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: L/S/ IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OF
RECORDS, 20 Ilow requires os been signecement. Then plane prior to buring vs ony injury, o	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. HYPERTENSION
TAL REC	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 CONDITION
VOF VI		218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P,M, 19
IVISION Ottendir ter this s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK NOT WHILE AT WOR
R ATTENDIN hospitol or of the for use of the officer of the office		22a. I certify that (1) (this hospital) attended the deceased from
AL OI the AL DII detoch ote De IT: If It		Jeanne alua du ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI
TO HOSPITA etoined by TO FUNERA should be do with the Sto		JEANNE ALICANDRO 22.5. GREENE BALTIMORE
0643 BP	270	Sirial 4-20-81 Holy Kosay Dilimon B. M.B.
DHMH - 16 50M 1/81 (VRA 15, 4)	X	a smooth Spaces with 355 Sille Co. APR 15 1981



The Little Company and Total Total Company and The Company and

1	1.	FOR STATE REGISTRAR			IT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	1 0	0	2 2	
)	3. SEX F 7a. BI	EMALE RTHPLACE (STATE OR FOREIGN)	A MI	TE HAT COUNTRY? 8.	DATE O	04 14	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR 9. BALTIMORE CITY O	YRS.	FRIYEAR DAYS	2b HOUR	
2	10. CI	-/	(IF NOT IN SUCH	A WOSPITAL, NURSING H	IDOWE HOME O	R OTHER INSTITUTION	BALTTMORE CTTY 120 USUAL OCCUPATION 1216 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
5	USU/ 13a. S	ATHER'S NAME	I IMORE	ARBUTUS		13d. INSIDE CITY LIMITS? YES UND 図 15. MOTHER'S MAIDEN NAM				X CORP. 1229	
2		EDGAR VAS DECEASED EVER IN U.S. ARM	NED FORCES?	TAYLOR 66 SOCIAL SECURITY 212-14-95		LUCILLE 17 INFORMANT DORIS LEE MO		ESSELLICOI BELLA DR		TY, MD.	
	TION	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE STORY) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CON	AS A CONSEQUENCE	E OF		nal disease or coni	elic Acies	PART I(a		
2	L CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF		YEAR	21c. HOW INJURY OCCURRE	YES NO	20b. IF YES, WER IN CERTIFYING YES THE TENT TO THE TEN	CAUSES	GS USED OF DEATH? NO	
	MEDICAL	(IF EITMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21e. PLACE OF INJURY 21f. LOCATION STREET		CITY OR TO	wn co	YTMUC	STATE			
		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	view the bady a	19		d that in (my) (aur) apinian d DEGREE ATTENDING PHYSICIAN	eath occurred an the do	FF			
	73n F	DR. FOR	18 E	173, NAA	AE OF C	ST. AGNES H	OSPITAL, 90	00 S. CAT	ON A	VENUE	
	EN	TOMBMENT UNERAL DIRECTOR NAME	04-08-		LOUI	OON PARK	BALT IMOR			RYLAND	
	HU	BBARD FUNERAL H	OME, INC	C. 4107 WI	LKEN	IS AVE. AP	R 08 1981	Mary Con-	A PARE	Greedy	

DHMH-16 30M 2/80 (VRA 15, 4)

BP

Turker leren were tweet to the first of the c

Mitchell-Wiedefeld Home 6500 York Rd 21212

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

FOR STATE

(VRA 15, 4)

REGISTRAR

n e g Misiarah

Comples Bear Dergungige

i I--II min W

full street growth

Z me morters in type

riches comits was described and an action and a second an

NAME OF THE OWN ASSESSMENT OF THE OWN ASSESS

Concinent of Parties, With Brain Helpstaria

valuation .

E 1 2 2 2000

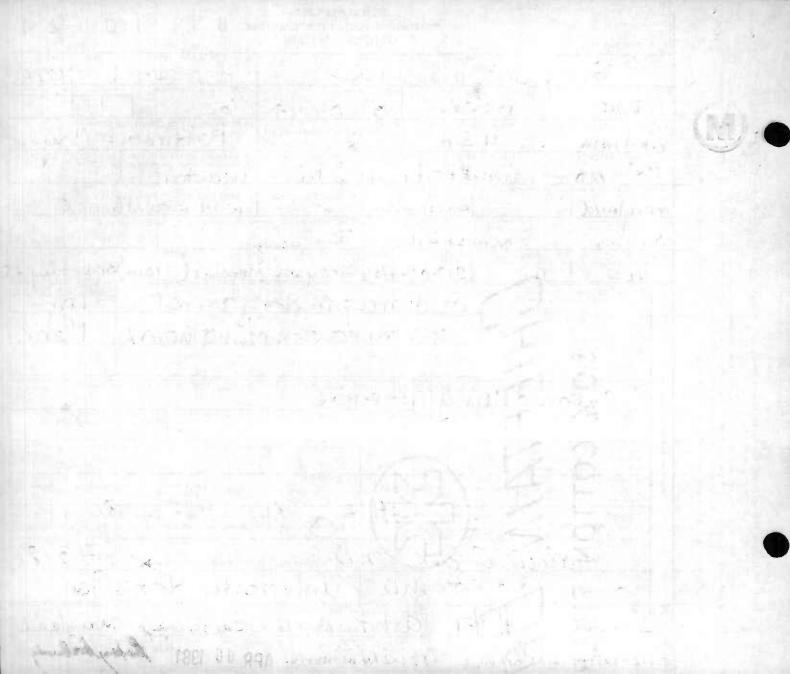
Sales as the As the sales as th

halo break N.S. c/o Hervish Seneral Soguital

To the Land of the state of the

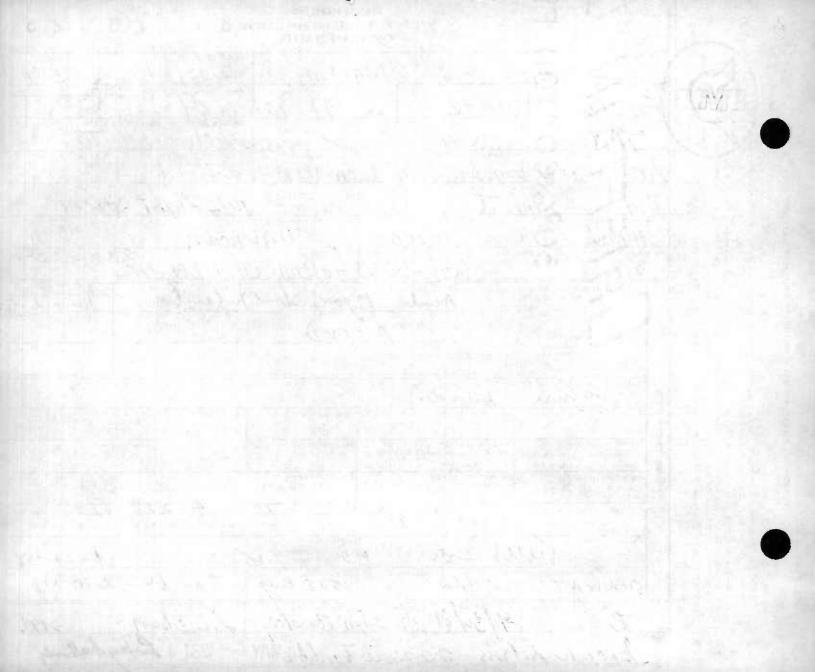
ALL HOLE - A Cales and a room of 500 Years for 21212 | A room of the land

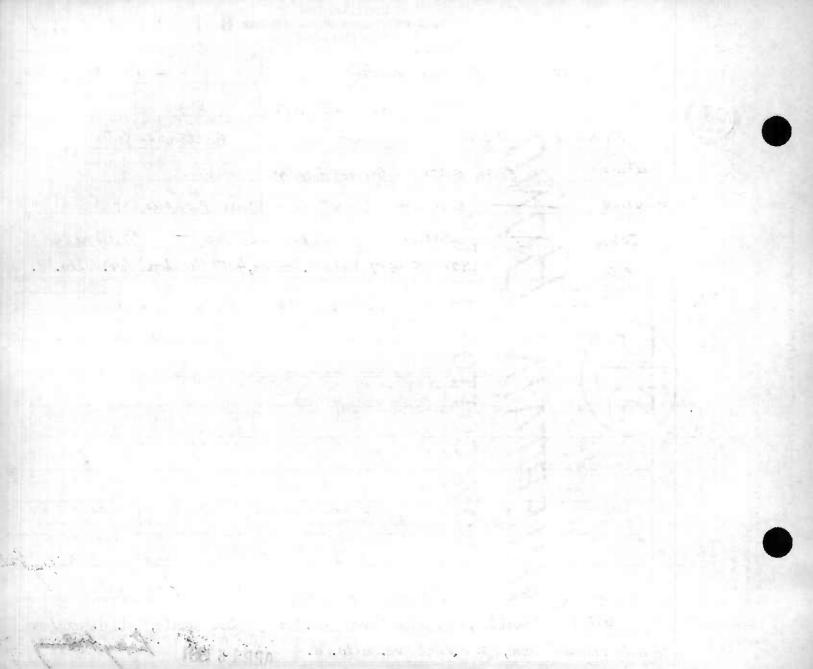
0/		STATE OF MARYLAND
X	١.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 2 4
, 0	11-	STATE CEPTIFICATE OF DEATH
		A DATE OF DEATH MONTH DAY YEAD TO HOUR
		CEASED NAME
A 20	1	Wire your marshall
Age od	3. SE	
7 05		Mala Place Month DA
P (Bism)		THE PROPERTY OF COUNTY OF
年 (算書刊 到っ		CHAIRPIN NEVER MARRIED WILLIAM NEVER MARRIED
F 450 00	Vi	REINIA (U.S.H. WIDOWED DIVORCED) CHTYVOTE CLTUMAD.
(B) 10 2 1 1 1 1 1	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
4 35 300		1
5 1 11	1	
2120)	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 132. CITY OR TOWN. 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS
MD 24 h	M	Aryland Bactimon YES NO 1014 Brantly Atc.
rLAP rely 2 sho		ATHER SNAME 15. MOTHER'S MAIDEN NAME
DC 3 0 T	1 6	FIRST MIDDLE LAST PIRST
¥ 9 50	15	
MORE, n and co Pages medico	160 \	VAS DECEASED EVER IN U.S. ARMED PORCES: 100. SOCIAL SECURITI NO.
A Page		
T e s		APPROXIMATE INTERVIL BETWEEN ONSET AND DEATH
t ST., BALl certificate ing physici rban paper r remayol. ic event, th		PART I. DEATH WAS CAUSED BY:
t mos s	1	IMMEDIATE CAUSE (a)
RESTON : e death ce mave carb travimatic		DUE TO, OR AS A CONSEQUENCE OF
PRESTON he death c he attendir emove carl matian, ar		Conditions, if any, which (b) Spun Taneous one umo Thoyax 12hr.
PRESTO the deat remaye c emission er traum		gave rise to immediate cause (a), stating the DUFTO ORAS A CONSEQUENCE OF
0 0		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF Underlying cause last.
301 W ned by please urial, cr		(c) CONTROL OF THE TOWN A DISEASE OF CONDITION CIVEN IN PART I(a)
6 6 6 5 %	1 -	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b)
RDS, equire in sign Then r to by	Ō	Chronic ung alsease
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirementer this certificate has been sign on the buriel-transit permit. There is thank Mental Hygiene prior to be arked at them 18 shaws ony injur	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
has has	Ĕ	YES NO YES NO
VITAL RI N: The la hysician. icote has ransit per Hygiene Hygiene	1 2	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
4 OF VITA SICIAN: TI ng physicia rial-transit from 18 sh		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON OF 1975 ICLAR ding ph ding ph burial-tr Mental tr ar them 1 or them 1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
ndir his bud A	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
VISIN G Pt- orthon and ked d	2	WHILE NOT WHILE AT WORK
		22a.1 certify that (1) (this haspital) attended the deceased from
TENDI or use or use or use		sow the deceased alive on 42 19 19, and that if (my) (aur) opinion death accurred an the date and hour and from the causes stated
R ATTE hasping RECTO hed for ept. of them 21		abave((I) (are) (Bid)) (did not) view the body after death.
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
AL O AL D detoc ate D AT: If		Mauly (- 00x PHYSICIAN DIRECTOR PHYSICIAN TO LITTLE OF
SPITAL (d by the NERAL I be deto be deto e State I TANT: #	1	22d PHYSICIAN'S NAME (TYPE ORPRIT) 22e ADDRESS
OST THE THE		CHARITY C. FOX MU, UNIVERSITY MOSPICE
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: If		THE PROPERTY OF THE PROPERTY O
たるトック	23a.	BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION . COUNTY STATE
I BP		Burial 4781 arbitus Mem. Park Bacture Maryland
160/ DHMH - 16 25M	24	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGN TURB
(VR A 15 (4) 9/74	15	112ABETH L. Philling 1721-27N. Momas of APR 06 1981
	Carr	TIZE DE THE STATE OF THE STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO I. DECEASED NAME KNOWN (%) 76 HOUR (TYPE OR PRINT) OF ESTI-Anthony Martin DEATH MATED 16 1081 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE DAY 24 HOUR YEAR LAST BIRTHDAY 1:15 PRONOUNCED Male White 1081 21 1966 DEAD 16 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City Maryland USA DIVORCED WIDOWED TO MEDICAL EXAMINER: THIS CRETHICALE SHOULD BE EXECUTED WITHIN AS THE SIVE PROFEST 1, 2, AND 3 TO THER EXECUTE THE CRETHISCARE, WRITING THE WORDING" IN PENCIL IN TIEM 18 GIVE PROFEST 1, 2, AND 3 TO THE AGG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WITH FORM PM 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF KITAL RECORDS 201W BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore University Hospital School Student USUAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE LOUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Harford NO [403 Clover Street Maryland Aberdeen 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Davis Harold Anthony Thomas Martin Edna ADDRESS Maryland 21078 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 219-72-9835 Edna M. Davis, 359 Wilson St. Havre de Grace CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Cranio-Cerebral Trauma IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESVEY NO [21a EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) driver of auto that went out of control and turned over HOUR ANY MONTH DAY UNDERLYING DOR WEDICAL 198 6 CONTRIBUTING CAUSE OF DEATH 214, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Beards Hill Rd. & Barnett Aberdeen road Lane. 220. I certify that taok charge of the remain Homicide death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER 4-17-81 DATE SIGNATI EXAMINER'S NAME Thomas D. Smith. M.D. Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION D. Maryland Welcome Home Baptis BP. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SKSNATURE **DHMH - 17** (VR A15 ME (5)) Tarring Funeral Home. P.A., Aberdeen, Md. 21001 15M 2/80

and the state of t 1 -92- 25 Limedi. Seria, 350 wilmon 25., daring de li In the property of the second





Date of the second seco CONTRACTOR OF LA The state of the s THE THE PARTY OF T CHAS WHATH I MORATHA SHEET RATE OF THE PROPERTY. BURREL STAR PHARMA ond completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the should be detoched for use as the buriol-transit permit. Then please remove carbanpop with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remova

STATE OF MARYLAND

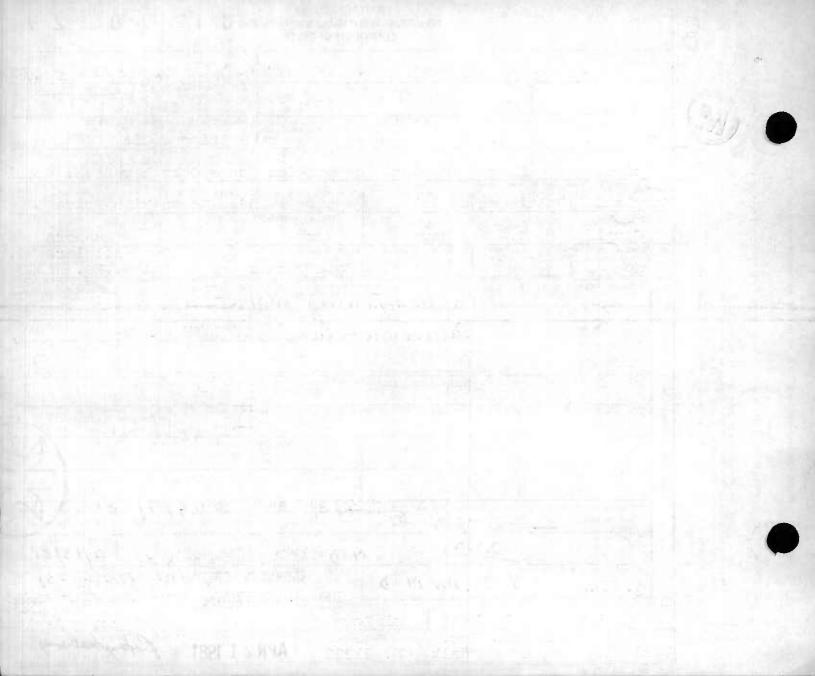
0	0	2	9
	-		

5	1.	STATE REGISTRAR			DEI	CER	TIFICATE			ENE O	REG. NO	1 o.	0 0	6.0	7
		CEASED NAME	AME FIRST MIDOLE				LAST			20 DATE O	FDEATH	MONTH C	DAY YEAR	2b HOU	R
			ANCIS	F			MARX			ADDII	10	100/11	8/81	55:4	45PM
	J. SE		ANCLY	4 RACE			5. DATE OF BIRTH			6 AGE (IN	YEARS LAST BIRT	HDAY	IF UNDER TYEAR	IF UNDER	
V.		Male	200	White	2	M	омтн 7	1	1919		6	1 YRS	ONTHS DAYS	HOURS	MIN.
ŧ.		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8.	RIED N	EVED AAA	PD/50 []	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH		
ß		aryland		U.S.	A.		OWED A		RCED X	Balt	imor	e Cit	EV		MD.
	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, N	NURSING HOA	AE OR OTHE			12m USUAL	OCCUPATI	ON	12b. KIND C	F BUSINE	
S		ltimore	1	Church	Hos	pital	Corp	orat	tion			rato	Beth	. St	eel
3	13a. S	AL RESIDENCE (IF NURS STATE ryland	136 COUN	ITY	13c. CITY OF Dund	RTOWN		SIDE CITY		13e STREET		n Vie	ew Dri	Ve	
	_	THER'S NAME							AIDEN NAM				JW 211		
0		Gerald	٨	G.	Ma			Mary			M		Lusk	orn	
_		VAS DECEASED EVER			166 SOCIAL	L SECURITY NO	D. 17 INF	ORMANI			ADDRE	7405	Belcl		Rd.
1	()	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			14-226	14-2262 Rose Turn			r			.,MD.		
	CERTIFICATION	couse (o), stofing underlying couse PART 2. OTHER SIGN	lost NIFICANT C	(c) ONDITIONS <u>CC</u>	ONTRIBUTIN	G TO DEATH I	BUT NOT RE			NAL DISEAS		20b. IF YES,	WERE FINDI	NGS USED	
X	Ë									YES 🗌	NO	(NO []
7	MEDICAL CEI	2 a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	P./	M. MONTI M.		AR 9		RY OCCURRE	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PA	RT) OR PART 2)		
	MED	21d INJURY OCCURE	HILE		EET, FACTORY, C	OFFICE, FARM, ETC)	STREET			CITY OR TO	WN	COUNTY	51	TATE
		220.1 certify that (1) sow the decease above, (1) (we) (c	ed alive on	APPT() «	4-1d81	19 APR		n (my) (or	r) opinion de	, to AP	RIL 4	te and hour	9 81), ond from the	that (1) (w	
		22b. SIGNATURE		-	Var		DE GREE	ATTI	ENDING YSICIAN []	MEDICAL DIRECTOR		IAN	22c. DATE	8/8)
1		V. SIVAN	AME (TYPE OF		VAN	M.D		DDRESS (CHURCH N BDO	CHOSE ADWAY	TARLE BAL	30/NRPO	EAT LON	123 YLANE)
		SURIAL, CREMATION,	REMOVAL	23b. DATE	1	23c. NAME O	F CEMETER	Y OR CRE	MATORY	234. toc	ATION OR TOWN		COUNTY		1123
	,	Burial		4/22/	1981	Oak	Lawr	1				altir		Mary	vlat

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

7922 Wise Avenue Dundalk, MD. 21222 APR 2 1 1981 Fifty halferly



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item 5 #G554 4/10/81 ph

MIDDLE

- STATE

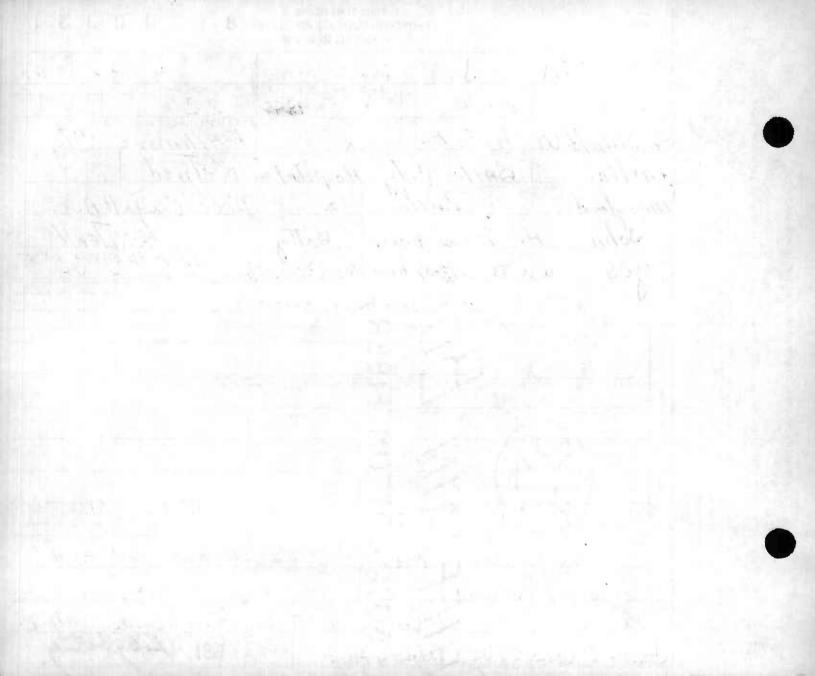
REGISTRAR

n or old for Sings - uson bactures code 215-01-2701 | ma. Viscain's di. sultan-1772 | dedicate | het--

rills] .pr. d, 1981 griends Burlet Browner Dollingre, Largiand-2121

Newton Sunday & Sons, Inc., salto, ad. 21213 APR & 1921 . C. S. Janes

3	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U U S CERTIFICATE OF DEATH REG, NO.
. 714		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
poge deut	1.56	Earl	RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS
4 84 A		male	black nonth DAY 1898 82 YRS MONTHS DAYS HOURS MIN.
	70.8	RTHPLACE JETATE DESDESON /	b CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED SATTIMORE CITY OF COUNTY OF DEATH
4 1 1 1	HT C	ON OR TOWN OF DEATH	WIDOWED DIVORCED WAD. ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR ACST OF WORK FOR
1201	E	A) RESIDENCE (IS NITESING HOME OF O	DAID. C. L. HOSPILA SELVED
AND 2	130	Aryland 136 COUNT	Y BALON 13d INSIDE CITY LIMITS? 13 STREET ADDRESS OF DELLA VE.
within within a 2 sh	14. F.	ATHER'S NAME	IDDLE LAST / IS. MOTHER'S MAIDEN NAME MIDDLE / TILLAST /
ORE, M md camp ges 1 or	16a Y	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W	ASSENDING DELLO
be execution and control for an and control for a formal f		YES, NO OR UNKNOWN) (IF YES, GIVE W	UIL 213-07-8908 MAR CORACE HARRIS DIRTSMOUTH VA
Frage physici physici moval.		PART I. DEATH WAS CAUSED	BY: Go Alian language of Colora
on SI nding carbor o, or ret	1	4275 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF
PRESTOI he death he attend emove ca motian, o		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)
ol w.		underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hair cattending physician and completely filled in the this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be that and Mental Hygtene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other troumottic event, the medical examiner must be accepted.	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1103
nos beer nos permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL R AN: The la hysician. Incote has roans if per Hygiene Hygiene	CERTI	21a. ACCIDENT WAS UNDERLYING	YES NO YES NO YES NO 1
HYSICIAN of HYSICIAN ding ph his certific burnd-tr I Mentol I or Item I	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19
VISIO	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
NE Africa de Conservation de C		22a.1 certify that (1) (this haspita	
A ATTE haspite haspite ed for of pt. of lem 21		sow the deceosed alive on obove (I) (we) (did) (did not) 22b. SIGNATURE	view the body ofter death. DEGREE 19 Y , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 19 Y , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
PITAL OF by the EERAL DIII		Duga	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
S P G C G S		22d. PHYSICIAN'S NAME (TYPE ORP	PRINT) 22e. ADDRESS Ch. Hose cityle
TO House should with MPO	23a.	BURIAL CREMATION, REMOVAL	230 NAME OF CEMETERY OR CREMATORY 23d ACCATION
654BP	24. E	Bureal Jureal Jureal Director	427/8/ Crownsville Vet. Cim Vian war and The 1250 DATE RECID BY REGISTRAN SOLD THE SECOND
DHMH - 16 50M 1/76 (VR A 15 (4))		DEPH to Pros	2222 W. NORTH AUG APR 27 1981



- 7527 HARFORD

FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

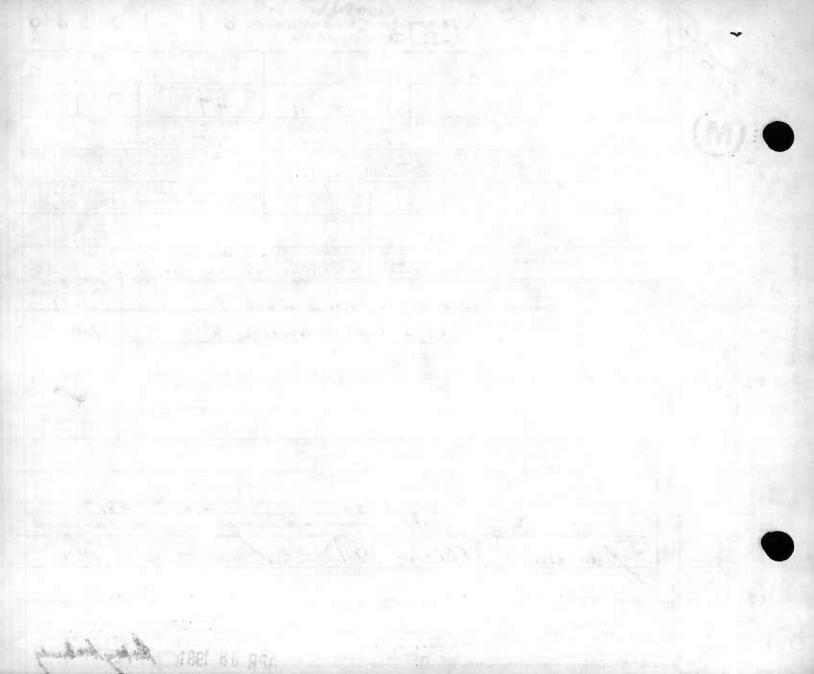
SIMOH HAMENGMENT **新西亚岛岛南部** Line Demonst 21 - Something & white of 57 1- 17 415

10	1 -	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HY	GIENE 8 REG. N	1 0	0 3 3
		CEASED NAME FIRST		MIDDLE	LA	51	2a DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
of h	(i i e	ROM	EO	J. W	MATAN	1	1	1 -27-8	31 105
1	3. SE	X	4 RACE		5. DATE OF	F BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE	ER I YEAR IF UNDER 24
in st	11	MALE	WHI	TE		-18-04	76	YRS.	
机线机		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	EATH
	10.6	LTALY	u.	S.	WIDOWED	DIVORCED [Baltimo		1
27		TY OR TOWN OF DEATH	(IE NOT IN S)	ICH EACHITY CIVE CIDERY A	DDDECCI	OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) IN[KIND OF BUSINES
201		Baltimore	Me	ercy Hosp	pital		Tailor		Clothin
		TATE 136 COL	INTY	13c. CITY OR TOWN	N I	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	564 51	, h -
	IA EA	THER'S NAME	alto	Balto		YES NO 1	1 4504	SCHLEY	AVE
DAS.	14.17	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST
	láa V	SABATINO VAS DECEASED EVER IN U.S. A	PMED FORCES?	MATE 166 SOCIAL SECUR		FELOW 17. INFORMANT	ADDR	ecc	
Pages		(ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					GEHALL.	
he m	_	no l		215-03-1		Carl Matan	i (son) 4	315 Val.	ley View
pop noval		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse pe ED BY:	er line for (o), (b), ond	((())	ala .			APPROXIMATE INTERVA BETWEEN ONSET AND DE
ren		5 M / L JMMEDIA	ATE CAUSE (o)	Cordio	neso	rarry anne	77		second?
n, or		3/13	DUE TO, O	OR AS A CONSEQUE	1		h		1.
notic		Conditions, if any, which gove rise to immediate	(b)_	Henc	ARC.	encephalo	pally		10013
cren		couse (a), stoting the underlying cause lost.	DUE TO, O	OR AS A CONSEQUEN				7 12 3 3	14-000
or or			(c)	47	NO32				yeur z
ipry.	Z	PART 2 OTHER SIGNIFICANT		Jan Thy	EATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1/0
ny ir	ATIC	19a DATE OF OPERATION	1000	DITION FOR WHICH O	OPERATION	WAS PERFORMED	20a AUTOPSY?	120h IF YES WER	E FINDINGS USED
ne ber	CERTIFICATION				1724		_ _	IN CERTIFYING	CAUSES OF DEATH
dygre 3 sho	ERT	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR		YES RY IN ITEM IS PART I OR	NO [
entol Hyger ltem 18 sh		OR CONTRIBUTING CAUSE OF DE		A.M. MONTH DAY					
Ment or Iter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		P.M. OF INJURY	19	211. LOCATION			
th ond	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, FAI		STREET	CITY OR TO	WN CO	DUNTY STA
al the land		22a. I certify that (IV this hosp	ital) attended t	he decerted from	. 2 1:	10 91	. 4-7	2 100	
f He is		sow the deceased prive o	4	-27 19 8	31 000	that in (my) (our) opinion	death occurred on the d	ate and hour and f	, that (I) (w
pt. o		22b. SIGNATURE	at view the bod	y after death.		EGREE	aram accorded on the d		C. DATE SIGNED
# #		D10	A :		WAY	ATTENDING	MEDICAL STA	FF \	4-27
State ANT:		22d. PHYSICIAN'S NAME (TYPE	Ome	<u></u>	1011	PHYSICIAN [DIRECTOR PHYSIC	IAN	4-2+
MPORTA		D	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			11 0		
with the Sto		T. U.	SMIL	1		MERCY	HOSPITAL		
	23a B	URIAL, CREMATION, REMOVA	L 236 DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	ITY STA
_	04 5:	Burial	5/1	/81 Ho	ly Re	edeemer	Balto		M
OM 1/B1	Z4 FL	Schamunek Fu	neral	333₫ss B:	rehme	Toma	REC'D. BY REGISTRAR	25b. REGURAR'S	SIG' ATU
"]	Home, Inc.		Balto.	Ma	A A	PR 2 8 1981	1-17	
					1.1(C. 8	ん上ん上う			- 4

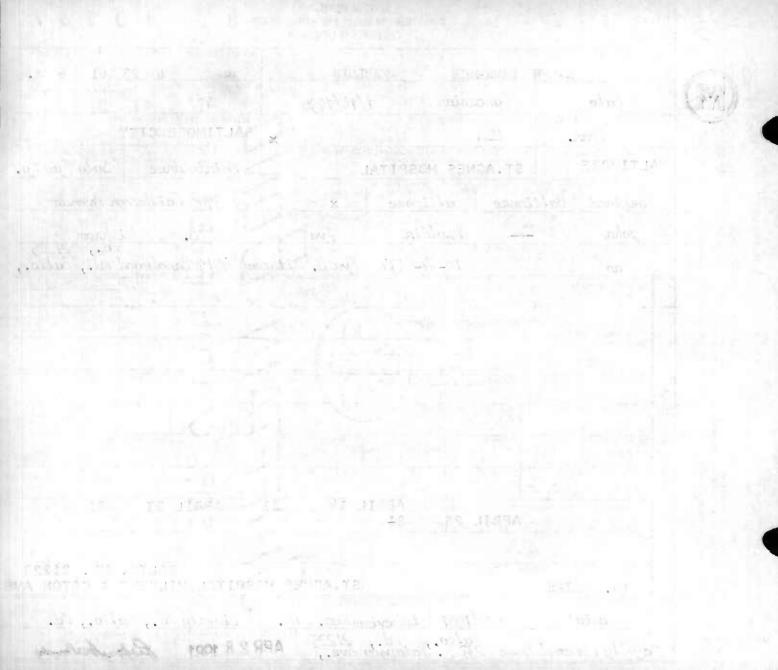
MINISTER AND THE REPORT OF THE PARTY OF THE

Longer Longer ter or the LAND THE THE THE TANK THE TANK

Land with 1981 The wall of



Patapsco Ave.



		FOR			DEPARTA	STATE SENT OF HE	OF MA			YGIÉN	E	1	0	0	3	8
1		STATE REGISTRAR		ME	DICALE	XAMINE	R'S CE	RTIFIC	CATEO	F DEA	TH	REG. N	10.	***		
		CEASED NAME	EIRST		MIDOLE		LAS	ST .	-15		20. DATE I	KNOWN [MONTH	H OAY	YEAR	2b HOUR
A S. S. S. F.	(11)	C ON PROINT)	Dann	nv	C.	N	CAID	in		5.0	DEATH	MATED [⊠ 4		1981	N
A STEED STEED	3. SEX	(- L	I. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	IF UNDE		IF UNDER		2c. DATE	CED	MONTH	DAY	YEAR	3:55
OUR OUR ON S	4	ale	White	11 05	48	32 YRS.	MOIVIII	DATE	HOOKS		DEAD		4	29	1981	P. "
NECESARY, PLEASE UNFRALDIRECTOR. SUTHIN 72 HOURS WITHIN 72 HOURS	7a. BI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF WI	HAT COUNT	RY? 8.	MARRIED	K NEV	VER MARRI	ED 🗆		ORE CITY	_		DEATH	
AND SON	N	lississi	ppi	Ţ	J.S.A.		VIDOWED		DIVORCE			imore			10.05.0	MD
RE, MD. 21201 EATH. IF ANY DELAY IS N ESS 1, 2, AND 3TO THE FU A PM 3. RETAIN PAGE 5. AND 2 SHOULD BE FILED. TAVILAL RECORDS, 201 W	Ba	ity or town o		11. NAME OF HOS (IF NOT IN SUCH FA	Lomba	rd Stre		INSTITUT	TION	FOR A	ALOCCUP OSTOFWORE rpente		PE OF WORK	OF	ND OF BURNING THE PROPERTY OF	oloyed
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY DE GIVE PAGES 1, 2, AND 31 TITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD B INISION OFWIGH RECORD	13a. S	TATE	pi Chic	OR OTHER INSTITUTION, GI	13c. CITY C			d. INSIDE (II	TY EIMITS?	Box	ET ADDRE	SS		3885	1	
D. 2. A. 2. A. R. A. R. A. R. A. R.		ATHER'S NAME	pri onic						R'S MAIDE							
DEATH PAND AND AND AND AND AND AND AND AND AND	1	Julius		D.	McA	1pin		FI	IRST		avail	able			LAST	
WORN STAN	16a. V	VAS DECEASED	EVER IN U.S. A	RMED FORCES?		AL SECURITY N	10. 17	. INFORM	THAN			ADDRES	SS			
ALTI- ALTI- SISION SISION SI SISION SI SISION SI SISION SISION SI		es, no, or unknov Ces		etnam	587-	05-8034	. :	Ruth	ann A	. Mc	Alpin	1326	W.]	Lomba	ard S	St.
CURS 18. G TWIT. P.		18 CAUSE OF	DEATH (Enter o	only ane cause per line						DIT				BETY	PPROXIMAT	E INTERVAL T AND DEATH
N SI THO ERW ERW FERM		PARTIDE	ATH WAS CAUS	ATE CAUSE (a)		Wound	of C	hest					170.			
ALC SIT P		753	5 /		AS A CONS	SEQUENCE OF										
WITH VITH SAN SAN SAN		gove ris	s, if any, whice to immediat	te / (b)												
201 W UTED V IN PER EXAM RIAL-TI D MEN ON, OI		lying caus	stating the <u>unde</u> e last.	DUE TO, OR	AS A CONS	SEQUENCE OF										
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATHING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1 DETO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWELT IN PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATI	ED TO THE TERMINA	L OISEASE OI	R CONDITION	N GIVEN IN PAI	RT 1 (a).				-8 1		
LINE FAILE FAILE FAIL CITY OF THE AIR HEAD	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR W	HICH OPERAT	ION WAS	PERFOR	MED?					2D /	AUTOPSY	?
DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD. REDED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF H OI PRIOR TO BURIAL	FE														YES 🔯	NO 🗆
ATE OF WILL BE USEN THE OF WILL BE OF WILL B	\ \frac{1}{2}		L CAUSE WAS	21b. TIME OF	MONTH	ST.			OCCURRE			URY IN ITEM 1	8 PART 1 OR	PART 2)		
S HIGH	3		IG CAUSE OF	F DEATH ? P.N	. 4	26 1981			t sho	t hir	nself					
WISH CER JEP 1 PR	MEDICAL	21d. INJURY O			TORY, FARM, ETC	(AT HOME,	211. LOCA STRE	FT			CITY OR TOV	****	(COUNTY		STATE
DIVIS THIS GER WARDED WARDED PAGE 3 TATE DEP	-	AT WORK	AT WORK	home	9		132	4 W.	Lomb	ard S	Stree	t, Ba	1+imc	ore.	Mary	Land
a. M. See		22a. I certif	y that I took cho	rge of the remains de	scribed abov	e, held an	Autopsy	X.	Inspection	n 🔲 .	Inquiry		ond in my	opinion		
HE F		death resulte	d from: Not	tural couses	Accident	, Suicie	de X	Homic	ide 🔲 /	Undet	ermined mo	inner 🔲	,			
EXAMINER CERTIFICAT ULD BE FOR DIRECTOR, WITH THE MARYLAND		ACTUAL	1 1.	().)	4.5	1		TITLE (SI	PECIFY)	iof			DATI	F /	/30/8	2.1
SESET W	+	SIGNATURÉ_	10	MASSA.	Minos	_	M.D.	bepu	Ty OH	MED	ICAL EXAM	INER	SIGN	VED/	20/0	7 1
TO MEDICAL EXAMINER SECURE THE CERTIFICAL PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFFIER DEATH, WITH THE BALTIMORE: MARYLAND	2	EXAMINER'S I	NAME Thom	nas D. Smi				DDRESS				t, Ba	1+imc	ore,	MD.	21201
505549			ION, REMOVAL	23b. DATE	23c N	AME OF CEME			ORY	CITY	CATION	0		YTAUC		TATE 1
BP		rematio:		05-02-81		Loudo	1 Par 21229		25a. DATE F			e Cit			yland	1
DHMH - 17 (VR A15 ME (5))	1	NAME		Home, Inc					MAY	4	1981	Par	May	Mal	seedy	
15M 2/80	П	ubbaru .	uneral	mone, mic	• 4IU/	witte	19 AV		27777		1001				-/	

A STATE OF THE PARTY OF THE PAR programmes, and, and defend any.

1	FOR STATE		D	EPART/	STAT MENT OF H	E OF M	ARYLAN AND ME	D NTAL H	YGIEN	E		1 0	0	3	9
	REGISTRAR	Part	MED		EXAMINE	R'S C	ERTIFIC	ATE O	F DEA		REG.				
	PE OR PRINT)	AE FIRST Andre	eW .	WIDDLE		Mc	Call			2a. DATE OF DEATH	F211-		12	1981	2b. HOUR
3. SE	x Male	4. RACE Black	5. DATE OF BIRTH	9 ^{YEAR}	6. AGE (IN YEAR BAST BIRTHDAY YRS	S IF UN	DER 1 YR.	HOURS	24 HRS. MIN.	PRONOUI	NCED	MONTH 4	DAY	YEAR	7:37
7 7a. [BIRTHPLACE (S	S.C.	76. CITIZEN OF WH	AT COUN			ED X NEV	ER MARRI	-			Y OR COUN	TY OF		
	Baltimo		11. NAME OF HOSP (IF NOT IN SUCH FACE 2711 H	ILITY, GIVE ST					12a. USU		PATION (TYPE OF WORK	12b. KI	ND OF BU R INDUST	SINESS RY
USU			R OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSION OR TOWN	e	13d. INSIDE CIT YES 🄀	NO [13e. STR 2	EET ADDRI	ESS Hugo	Ave	nue		
[4, F	Jimmy	E	WIDDLE	Мс	ccall			r's MAIDE SI linni	NNAME		AIDDLE		Oce	LAST an	
16a.	WAS DECEASE YES, NO OR UNKNO YES	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		L $-10-0$		17. INFORM		e Mc	Call	271	.1 Hu	go ,	Ayen	ue
NO	gove r couse (o lying co	100	(b)	AS A CON	ISEQUENCE O	F	OR CONDITION	GIVEN IN PA	RT 1 (a).						
CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY? YES □ NO 🕅				
		AL CAUSE WAS G OR ING CAUSE OF D	21b. TIME OF HOUR A.M. DEATH P.M.		DAY YEAR	21c. HC	W INJURY (OCCURRE	D (ENTER)	NATURE OF IN	DURY IN ITEM	A 18 PART I OR F	_		
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO			21f. LQC 51	CATION TREET			CITY OR TO)WN	c	OUNTY		STATE
1	22a 1 cert	ify that I took charge	e of the remains desc			Autops	y , Homici	Inspectio		Inquiry		ond in my	pinion		
2	ACTUAL SIGNATURE	Turgin	oi couses IXI. va Llot	Accident		M.	TITLE (SP D. Assi	PECIFY)	† MED	ICAL EXAM	MINER	DATE SIGN	ED 4-	-12-8	
2 23a.	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR BURIAL, CREMA (SPECIFY)	NAME VITO	ua Llot Jinia L. D	olan,		M.	TITLE (SPD. ASS I	PECIFY) istan II	<u>†</u> мер		niner reet	1	HED 4-	-12-8 M	



6.	2.	1.	FOR - STATE		DEPARTA	MENT OF HE	ALTH AND MENTAL H	YGIENE 8	100	40
	60		REGISTRAR			CERTIFIC	CATE OF DEATH	REG. N		
	(N)		CEASED NAME FIRST	Ĩ),	mcc	McCarney	20 DATE OF DEATH	MONTH DAY YEAR - 14-81	26 HOUR 2:45 PM
	After po	3. SE	× F	1 RACE CAU	C-	S. DATE OF	BIRTH YEAR 23	6. AGE IN YEARS LAST BIR	MONTHS DAT	
-	dire dire	7a. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W		8		9 BALTIMORE CITY O	OR COUNTY OF DEATH	
	death.	3	Virginia	U.S.		WIDOWED		Balt	city	MD.
10	by the fulled with	3 10. C	Salt		FACILITY GIVE STREET		otherinstitution	120. USUAL OCCUPATION OF WORK FOR MOST CONTROL HOUSEWIfe		O OF BUSINESS OR
LAND 21201	24 hau filled in ould be		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP		131. CITY OR TOWN	N	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4021 7	alla Rd. I	3alt
YLA	tely 2 sh	14. F/	ATHER'S NAME	webput.	1457		S. MOTHER'S MAIDEN N	IAME	7 6	
MAR	omple and w		Daniel	MIDDLE	Bien	ke	Dora	MIDDLE	Crawle	nd last
BALTIMORE	on and co	160 (WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	216-14-		How Regi	Anation	Record	
ST., BALI	g physicic g physicic on papers remaval. event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per l D BY: TE CAUSE (o)	Hypo	1	ion		APPR BETWE	EN ONSET AND DEATH
PRESTON	deoth a attendin ave carb itian, or roumotic		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF				1 week
W. PR	that the by the cose rem ol, cremo		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF	ors. pla	ynx CA		Yra
RDS, 20	equires n signed Then pla r ta buria	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	NTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
AL RECO	he low r an. has bee t permit. ene prias	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH	1 1	WAS PERFORMED	20€ AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
OF VIT	SICIAN: The mg physician certificate hurial-transit purial-transit herr 18 share		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.N	MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	1
DIVISION OF VIT	G PHYSI attending er this ce the buri ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e. PLACE O			211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ā	DIN ar Aft	150	22a. I certify that (I) (this hospi	ital) attended the	deceased from_	4-1	3 198	1 10 4-1	4 19 81	. that (I) fwe) fast
	TTEN Pital TOR for u		sow the deceased alive an above, (I) (we) (did) (did no	4-16		2/ ond	that in (my) (our) apinio	n death occurred on the de	ate and hour and from t	he couses stated
	the has at DIRECtoched to Dept.		22b. SIGNATURE	und)	5 17	ATTENDING PHYSICIAN	MEDICAL STAI	FF 4	TE SIGNED
	TO HOSPITAL TO FUNERAL should be deto with the Stote		22d. PHYSICIAN'S NAME (TYPE OF				22e ADDRESS	of Mari	Mand H	Dtigeof
	○ 한 이 약 및 ★		BURIAL, CREMATION, REMOVAL			AME OF CE	METERY OR CREMATORY	23d LOCATION		150
1-	BP	В	urial	4/18/8	Mea	dowri	ige Mem. Par	rk Baltimor	re, Md.	STATE
1-50	DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR				250. R	ATE REGID BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
	(VRA 15, 4)	IA.	Alan Seitz, Jr	. Funera	Il Home	8818 R	pland Ave.	7 11 10 1001	JUNEAU LANGE	Mech

All Manager and All Andrews and An edit, and the control of the control A. Alan Seltz, er. Funeral for 3816 Roland Ave.

	1.	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	HYGIENE 8	REG. NO.	0041
m.s		CEASED NAME FIRS		MIDDLE		AST	2a. DATE OF	DEATH MONTH	DAY YEAR 26. HOUR
ay be	8.	J(OHN			ORMICK		4	28 81 10:30A M
E - 6 -	3. SE	X	4 RACE		5. DATE (6. AGE (INYEA	RS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
director		MALE		White	11	10 41		39_ YRS	
200		IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY	MARRIE	O D THE TEN MININGE		E CITY OR COUN	
de d		NCHBURG, VA.	U.S		WIDOW	DIVORCED OR OTHER INSTITUTION		TIMORE C	12b. KIND OF BUSINESS OR
s ofter is ofter the ised wife		LTIMORE	(IF NOT IN SI	UCH FACILITY, GIVE STRE H HOME HO	ET ADDRESS)			FOR MOST OF WORKING	G LIFE) INDUSTRY
24 hour filled in 2016 be 1	13a. :	AL RESIDENCE (IF NURSING HO STATE 13b C RYLAND	ME OR OTHER INSTITUTIO	13c. CITY OR TO	DRE ADMISSION)	13d. INSIDE CITY LIMITS	S? 13e. STREET A		22 St Paul St 21202
within mpletely and 2 shin	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	71, 9	15. MOTHER'S MAIDEN		WIDDLE	LAST
T ond con			S. ARMED FORCES? ES, GIVE WAR OR DATES) L-62			17. INFORMANT		ADDRESS	
ه نزه ۵						1	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtificate g physici an poper emavol.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)_	Gasti	r K	hemoros	nace		
9 000		5712		OR AS A CONSEO	UENCE OF	gico	notwo	1-20	25111
attendi nove car attan, a		Conditions, if any, which		C4/	100	40 00	TCC/ACT		US Years
that the by the cose rem ol, crem		couse (o), stating the underlying couse los	DUE TO	Compli	Will Will	by Civiho	2513		6 years
quires the signed the please to burio	N O	PART 2. OTHER SIGNIFICA	CIVIN		DEATH BUT		TERMINAL DISEASE	OR CONDITION C	GIVEN IN PART 1(0)
been mit. I	CERTIFICATION	190 DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	200 AUTOF		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
he lo on. has t per	ᆵ	100	-1 i E i				YESXX		YES NO
rysician: T ding physici s certificate burial-transi Mental Hygi mr Hem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (OF DEATH HOUR		DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATU	RE OF INJURY IN ITEM 1	8 PART I OR PART 2}
HYSIC Iding is cer buric Men ar He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e. PLAC	P.M. E OF INJURY	19	21f. LOCATION		CITY OF TOWN	COUNTY STATE
or often After these os the olth and marked o	W	WHILE NOT WHILE C	[AT HOME, S	STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET		CITY OR TOWN	COUNTY STATE
ar ar Aff		22a 1 certify that (1) (this	hospital) Attended	the deceased from	Jan	12 19	Y (to AD	VI 4	. 19 81 , that (I) (we) last
TTEN Pitol TOR for u		sow the deceased alive obove_(I) (we) (did) (did)	e on	19		nd that in (my) (our) opi	nion death occurred	on the date and h	nour and from the causes stated
OR A DIRECTOR A DIRECTOR DIRECTOR DEPT If Item	13	22h SIGNA URE	7 12	PIL	Les	DEGREE ATTENDIN	NG _ MEDICAL _	STAFF	22c. DATE SIGNED
SPITAL I by th NERAL be deto e State TANT: It	-	224 DHYSICIANIS NAME	- 1/0	au	7	PHYSICIA	N DIRECTOR	PHYSICIAN:	
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (D. 60	Idker	P	240 9.1	Montzon	ing st	Bullo Md 2123
		BURIAL, CREMATION, REMO		2 /07	NAME OF	CEMETERY OR CREMATO	ORY 23d. LOCAT	ION R TOWN	COUNTY STATE
BP	24 5	Removal UNERAL DIRECTOR	5/.	3/81	~~	1250	DATE REC'D BY PE	GISTRAR 25h REG	STRAR'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	100	Anatomy Board	i	Balto.,	Md.		MAY 8 1	981	- McGrile

CHARLES CHEEK CONTRACTOR E / E / E / E / E / E Particul Board - Palto, Mo. -

		FOR			DEPART	STAT MENT OF H		ARYLA!		YGIENE		0	0	4	2
10		STATE REGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH REG. I	NO.			
		CEASED NAME	FIRST		MIDDLE			LAST		2	OF ESTI-	MONTH		YEAR	26 HOUR
A SHIELD			Joh	111	osep		McCo	rmack			DEATH MATED	4		189	M
A BEE	3. SEX		RACE White	5. DATE OF BIRTH	31	6. AGE (IN YEA LAST BIRTHDA	Y) MONT	DER I YR.	HOURS HOURS		RONOUNCED DEAD	момтн	16	YEAR 1981	2d. HOUR 4:31 P.M
2 4 5 5 5	7a. BI	RTHPLACE (STA	_	76. CITIZEN OF WI			0	ED YEAR	VER MARRI		BALTIMORE CITY	OR COUN			P. M
SE MARKET		ryland		U.S.	Α.		WIDOW	-	DIVORC		Baltimor	e Cit	У		MD.
MD. 21201 H. IF ANY DELAY IS NE I, 2, AND 310 THE FUN A 3. RETAIN PAGE 5-1 2.2 SHOULD BE FILED UTAL RECORDS, 201 W		Baltimor		11. NAME OF HOS (15 NOT IN SUCH FA Baltimo	CILITY GIVES	STREET ADDRESS)			NOIT	FOR M	AL OCCUPATION (1 OST OF WORKING LIFE) 11er	YPE OF WORK	OR	D OF BU INDUSTR	Y
21201 F ANY DE AND 3 TO RETAIN HOULD B	13a S	RESIDENCE (# TATE ryland	IN NUR! HOME COU	e or other institution, gir NTY timore	13c. CITY			13d. INSIDE O	CITY LIMITS?	13e STRE	et ADDRESS 9 Libert	v Pa			
1. IF A 3. R 2. A 4. R A I R I		THER'S NAME	Dai		1 100				ER'S MAIDE	_		-			
ENERA E	0	Dennis		J.	McCc	rmack		Cl	ara.		WIDDLE	Da	rch	icou	irt
ER D PAG SNO SNO	16a. V	VAS DECEASED	EVER IN U.S. A	RMED FORCES?	1	CIAL SECURITY					Liber Ty				
BALTIMOR JUSS AFTER DE GOIVE PAGE WITH FORM DIVISION OF		No				-26-49	958	Mar	ilyn	J.	McCormac	k	MD.		
ON ST., BA DA HOURS A TEM 18. GIV ONG WITH PERMIT. PA SIENE, DIVIS		18. CAUSE OF PARTIDEA	DEATH (Enter of TH WAS CAUS	anly one cause per line			1.	04:			0:		BETW	PROXIMATE EEN ONSET	AND DEATH
EOI W. PRESTON ST. TED WITHIN 24 HOU. N PENCIL IN ITEM 18 XAMINER ALONG AL - TRANSIT PERMI. MENTAL HYGIENE, N, OR REMOVAL.		1296	IMMEDI.	THE CHOOL (O)		OSCI OFC NSEQUENCE C		Cardi	ovasc	ular	Disease				
HIN		Conditions	if ony, which	h		1024021162									
		cause (a) s	to immediate		AS A CO	NSEQUENCE C)F		- 1						
SCALE EXA		lying cause	last.	(c)											
ECORDS, D BE EXECTION D BE EXE	NO	PART 2 OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEAS	OR CONDITIO	ON GIVEN IN PAI	RT 1 (a),					
SHOULD I SHOULD I O'O'D WEN	CATI	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?				20 A	UTOPSY?	
F VITAL ITE SHOUL WORD "ITE CHIEF OF BE USEC ENTOF HE	KTIFF													ES 🗌	NO 🛛
DIVISION OF VITAL RECORDS, 201 W. PREST SETTING THE WORD "PENDING" IN PENCIL IN RRIDED TO THE CHIEF MEDICAL EXAMINER AREST SHOULD BE USED AS A BURIAL TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HYCOT PRIOR TO BURIAL, CREMATION, OR REMO	MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M F DEATH P.M		DAY YEAR		ow injury	Y OCCURRE	D (ENTER N.	ATURE OF INJURY IN ITEM	18 PART 1 OR F	ART 2)		
DIVISION CERT CATE, WRITING CATE, WRITING CATE, WRITING CATE, WRITING CATE, WRITING CATE TATE DEPAIND, 21201 PRIOR CATE CATE CATE CATE CATE CATE CATE CATE	MEDI		CURRED NOT WHILE AT WORK	21e PLACE (CATION			CITY OR TOWN	c	OUNTY	100	STATE
DE THIS (ATE, WRI DAWN PAGE R: PAGE ID, 21201				rge of the remains des	cribed ab	ave, held on	Autop	sy 🔲.	Inspection	- XX.	Inquiry ,	and in my	pinian		
MAINE COTO FETT FETT FETT FETT FETT FETT FETT F		death resulted	from: Mai	ural rauses X.	Accident	Sui	cide 🔲	, Homi			rmined monner],			
EXA JED JED DIRE		ACTUAL		777	X	14	1	TITLE (S	SPECIFY)			DATI			0.1
SHOUND THE ATH		SIGNATURE_		CIONO	refle	1/11	4-"	pbepu	ity Ch	I E MEDI	CALEXAMINER	SIGN		-17-	81
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN'	AME Thom	nas D. Smid	h, M	.D.	4	ADDRESS_	111		Street				
5X45A4	23a.B	URIAL, CREMATI	ON, REMOVAL			NAME OF CEA			ORY			Balt			
BP	24 5	Buri UNERAL DIRECT		4/20/198		Iolly	Hill		1250 DATE	Whi	te Marsh	CHEFARE	M	ary	and
DHMH - 17 (VR A15 ME (5))	-	922 Wi	Duda	-Ruck KDDRESS		MD	212	22	APR		81	the shi	(Care I	1	
(VK A15 ME (5))		744 WI	se Ave	nue Dun	dalk	, MD.	212	. 44	1	- 10					

	1-	FOR STATE REGISTRAR	Z DE	STATE OF MARYLAN PARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE	REG. NO	10	0 4 3
		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR 26 HOUR
960		MICH	AEL CHA	RLES MCLOYY	nick	April	17 198	31 7.38A
(10)	1. SE	Land of the same o	1 RACE	5. DATE OF BIRTH MONTH DAY	YEAR	(IN YEARS LAST BIRTH	HDAY) IF UNDE	RIYEAR IF UNDER 24 HRS
E CENT		male	wnite	4 15	8	0	YRS.	
135		MD	76 CITIZEN OF WHAT COU	MARRIED NEVER MA	RRIED C	IMORE CITY OF	alt ma	/111
Billed with	10. (1)	Balt More	Ball Mo		(TYPE OF	WORK FOR MOST OF	ON F WORKING LIFE) IND	KIND OF HUS NO S OF
filled mould be	USU, 13a S	AL RESIDENCE (IF NURSING NOME OF TATE		7.7		eet address 00 Brook	lyn Ave,	
etely 12 sh miner	14 FA	THER'S NAME	MIDDLE LA	IS MOTHER'S M	AAIDEN NAME			. 457
and Des 2		MVXI	recormick'	Cath	erine	E 1 715		eed
ind co	160 V	(IF YES, GIVE	MED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT		ADDRES		
S. Pag			-	Brian	McCormick	same a		
g physici an paper emaval. event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	nly one couse per line for 10 , ED BY: TE CAUSE (0)	itratory Dish	ress S	yndron	no :	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
nding carb , arr		1690	DUE TO, OR AS A CON					
emave matian		Conditions, if ony, which gove rise to immediate couse (a), stating the		mahuity				
by that ase rule of the ather		underlying couse last	DUE TO, OR AS A CON	ISEQUENCE OF O				
n signed Then ple ta buria injury, ar	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	O THE TERMINAL DIS	EASE OR COND	ITION GIVEN IN P	PART 1(o
beer mit. prior any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORM	AED 20a	AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
t pee	TIF	none		none	YES	□ NO	YES	NO [
Social Social Hygin It should be sourced by the social Hygin It should be sourced by the social beautiful to the social beautiful by the social by the social beautiful by the social		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT		RY OCCURRED (ENT	ER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR F	PART 2]
his of the ar it	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	211 LOCATION		CITY OR TOW	N COU	NTY STATE
ter t as the h and rked	Σ	AT WORK NOT WHILE AT WORK	(ATTIOME, STREET, PACTORT,	OFFICE, FARM, EIC.)		4.	. 0	7 (
or use of Healt Healt		220.1 certify that (f) (this haspi saw the deceased alive on	ital) attended the deceased 17 An W it) view the body after death		19 , to ur) opinion death ac	curred on the do	te and hour and fr	, that (1) (we) lo
hed f ept. o		27b. SIGNATURE	t) view the bady ofter death	DEGREE			220	DATE SIGNED
		Marine B	moly mD/		YSICIAN MEDI	CAL STAF		17 toul 81
AL DI letaci ite De T. If §				1.2				71500
UNERAL D Id be detac the State D ORTANT: If I		22d. PHYSICIAN'S NAME TYPE O	10-22	220 ADDRESS	NO CIT	M HA	DILLIA	
should be detac with the State D	22	Marjore Box	rdy mb	Balhm			Distiga	
TO FUNERAL D should be detoc with the State D IMPORTANT: If I	23a E	100	rdy mb		EMATORY 23d. (HO OCATION CITY OR TOWN TOOKLYN	COUNTY	

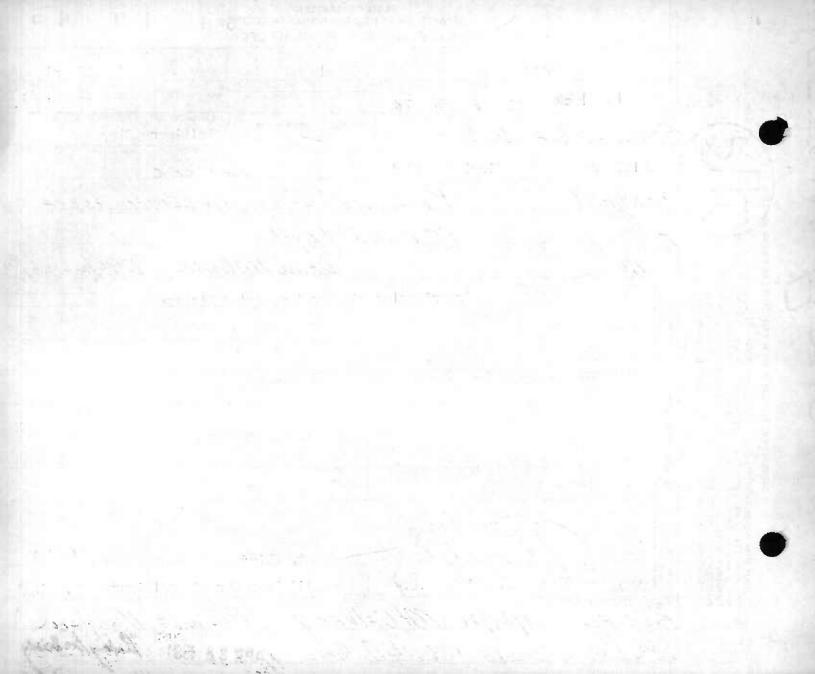
Secretary Concession of the Contest of the Contest

6		FOR STATE REGISTRAR	Fines										
	1. DE	CEASED NAME PE OR PRINT)		T a la sa	WIDDLE		LAST		20. DATE KNOW!			1001	
	3. SE.	· · · · · · · · · · · · · · · · · · ·	4 RACE	John	D	M			DEATH MATE		18 19 8	M	
6		1e	black	5. DATE OF BIRT	YEAR LAS	E (IN YEARS IF UT BIRTHDAY) MON			PRONOUNCED DEAD	монтн 4	18 ₁₉ 8	1 11 3 _A	
ON OF VITAL RECORDS 201 W PREST	FC	RTHPLACE (ST DREIGH COUNTRY) GEORGIA	1	76. CITIZEN OF V	WHAT COUNTRY?	8. MAR WIDO	RIED NEVER MA	RRIED	9. BALTIMORE CI Baltim	_	ITY OF DEATH		
0]	altimo	re	4115	SPITAL, NURSING FACILITY, GIVESTREET AT ROCKTIOLO	TRESS)	HER INSTITUTION	FOR A	ALOCCUPATION NOST OF WORKING LIFE TIRED WEI		OR INDU	BUSINESS	
5	113a. S	AL RESIDENCE (TATE TARYLANI	113b COL	E OR OTHER INSTITUTION, JNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TO BALTIN	WN	13d, INSIDE CITY LIMITS		ET ADDRESS 1115 ROCK				
2	D	WILL	EVED INTLE	MIDDLE	Me CRAV		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST PEOPLES		
1	(4	ES, NO, OR UNKNOW	WN) (IF YES, GI	WE WAR OR DATES)	218 05	9436A	MRS. ALE	EASE Me	CRAW 41		KFIELD	AVE.	
23	NC	gave risc cause (a) lying cous		the (b)	OR AS A CONSEQUI	ENCE OF	SE DR CONDITION GIVEN IN	I PART T (a)					
2	CERTIFICATION	19a DATE OF	OPERATION	196 CONE	DITION FOR WHICH	OPERATION	VAS PERFORMED?				2D AUTOPS	37	
3	MEDICAL CERT		OR CAUSE O	F DEATH P.	M. MONTH DAY M.	YEAR	OW INJURY OCCUP	RRED LENTER N	ATURE OF INJURY IN ITE	M 18 PART I OR PA		NOB	
ł	MED	21d. INJURY OF WHILE AT WORK		21e PLACE STREET, FA	OF INJURY (AT HE CTORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	co	DUNTY	STATE	
BALTIMORE, MARYLAND, 21201 F	-	220. 1 certify death resulte. ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d from: Not	orge of the remains during salves XX,	Accident , Accident , Accident Guard, M. I	Suicide C	osy	Lt MEDI	Inquiry , rmined manner C	ond in my on , , , DATE SIGNI	4/19	/81	
BAL	23o. B	JRIAL, CREMAT	ION, REMOVAL		23c. NAME C	OF CEMETERY (OR CREMATORY RIAL PARK	23d. LO	CATION R TOWN LTIMORE	(BALTO		ĭ₿.	
17 E (5))	24. FI	JNERAL DIRECT		ADDRE			25a. DA		REGISTRAR 256. R	the second market	helm	dy	

I

The state of the s

	1.	FOR	D	EPARTMENT O	HEALTH AND	MENTAL HYGIŞ	NE I	10	0 4	5
	11-	STATE REGISTRAR				FICATE OF DE	ATH	6, NO.		
# 2 3 3 S ⊢`		CEASED NAME FIRST Harve	∋∨	WIDDLE	McDonal o	1	20. DATE KNOWN OF ESTI- DEATH MATED	N X) MONTH	DAY YEAR 25 19 81	26 HOUR
ARY, PLEASE DIRECTOR. OUR FILES. ON STREET,	3. SE.		5. DATE OF BIRTH			YR. IF UNDER 24 HRS	PRONOUNCED DEAD	MONTH 4	DAY YEAR 25 19 81	2d HOUR 6 50 A · M
S NEGSSARY ET NEBAL DIS ES FOS YOU ES FOS YOU PRESTON	150	OUTH AROLINA	76. CITIZEN OF WH,	AT COUNTRY?	WIDOWED 1		9. BALTIMORE CI Baltimo	re City	Y OF DEATH	MD.
See Cold	4	TY OR TOWN OF DEATH Baltimore	(1F NOT IN SUCH FACI	ITAL, NURSING HOA LITY, GIVE STREET ADDRESS HOSPITAL)		SUAL OCCUPATION MOST OF WORKING LIFE MODRE		12b. KIND OF BU OR INDUST	ISINESS RY
	1/2	AL RESIDENCE (IF IN MURSING HOME OR LAST)	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS 13c CITY OR TOWN	noke YES	NO D	816 LE/	nons	treet	
ATH.	14	ATHERS NAME FIRST ARUE I	MIDDLE	Medan	ald f	HIER'S MAIDEN NAM	MIDDLE		LAST	
., BALTIMORI I.S. AFTER DE B. GIVE PAGE WITH FORM PAGES I.M. DIVISION GE	16a. (Y	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	'AR OR DATES)	16b. SOCIAL SECUR	DA	guid Ma	lonald	9090	Chaune	Ey Re
W. PRESTON ST., W. PRESTON ST., WITHIN 24 HOUF WINNER ALONG WINER ALONG TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse lost.	E CAUSE (a) Ar		E OF	diovascula	r Disease		APPROXIMATI	IMERVAL I AND DEATH
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WOOR" "PENDING" IN F RDED TO THE CHIEF MEDICAL EXA SE 3 SHOULD BE USED AS A BURIAL. TE DEPARTMENT OF HEALTH AND MI	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CO								
VITAL RECORE SHOULD BE EX SHOULD BE EX CHIEF MEDIC CHIEF MEDIC E USED AS A B I TO F HEALTH A I TO F HEALTH A	TIFICAL	19a, DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPI	ERATION WAS PERF	FORMED?			20. AUTOPSY	иоХ 🗆
DIVISION OF VITAL RE DIVISION OF VITAL RE FIGATE, WRITING THE WORD, "PEI FORWARDED TO THE CHIEF M TOR, PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURAL,	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING APPROVED TO CONTRIBUTING CAUSE OF DI	ATH P.M.	MONTH DAY YE	AR	URY OCCURRED (ENTE	R NATURE OF INJURY IN ITE	M 18 PART I OR PAR	RT 2)	
DIVIS THIS CER WRITIN WRITIN PAGE 3 S TATE DEP	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTO	INJURY (ATHOME, RY, FARM, ETC.)	21f LOCATION STREET	V	CITY OR TOWN)1.0° cou	PHTY	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	2 1-	ACTUAL SIGNATURE	a grigorer 10.	1 Thux	тіті м Дер	e (SPECIFY) uty Chiefme		ond in my op , DATE SIGNE	4/25/8	31
TO ME EXECU PAGE TO FUI AFTER BALTIN	23 0.8	EXAMINER'S NAME Thoma (TYPE OR PRINT) BRIAL, CREMATION, REMOVAL 23			ADDRES	Statory 23dJ	treet, Bal	Itimore	, MD. 2	201
1803 BP	5	CIAL UNERAL DIRECTOR	4/29/8/ ADDRESS	MIL	ALVAR	25a. DATE REC'D. E	Altimores	EGISTI	RYLAND	
(VR A15 ME (5)) 15M 2/80	K	MC. BROWN CO	morFH. 1	206-08 M	/acth Acc	APR	28 1981	proper.	7/1900	7



C TELEVISION OF THE PROPERTY O 130 Et Leaghten sun Saydeon intelocuted in the Control THE RELEASE WELL WITH THE WALL WE. LAND WELL SET WITH THE WALL WE.



Dengal arrang teatrage

TAPE I A TORT

The Hory Hear to

Tel tourist array . cit The state of the s and played a not the agreement the agreement of the few

THE THE PROPERTY OF THE PARTY O The Lair Lair Will all all all 1810 1813 183 31. dirital tops 1 1981 Piorel Mile terorical vieremental Leiter lacture . and . Inc. salitone, harden

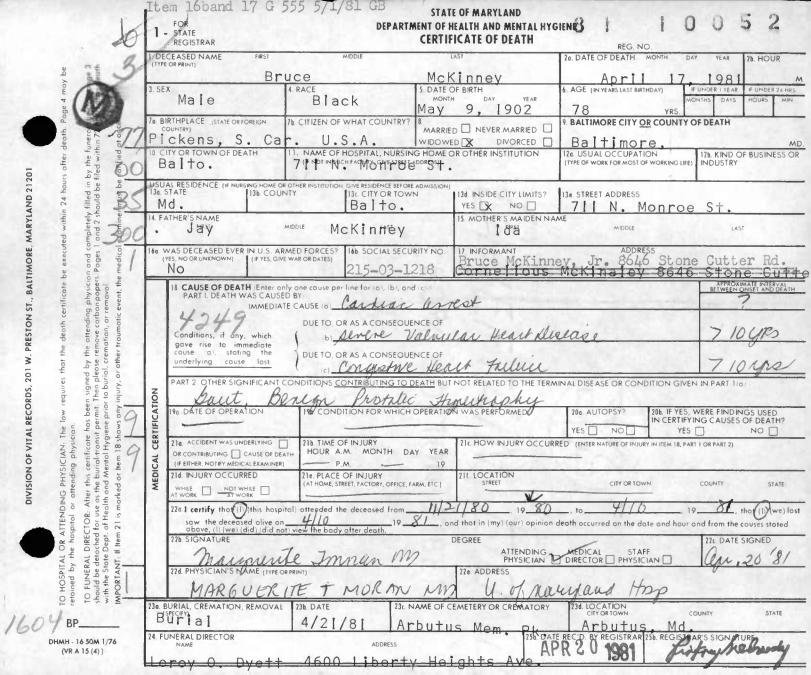


THE RUPLE

The state of the s

Letter I was and tomic

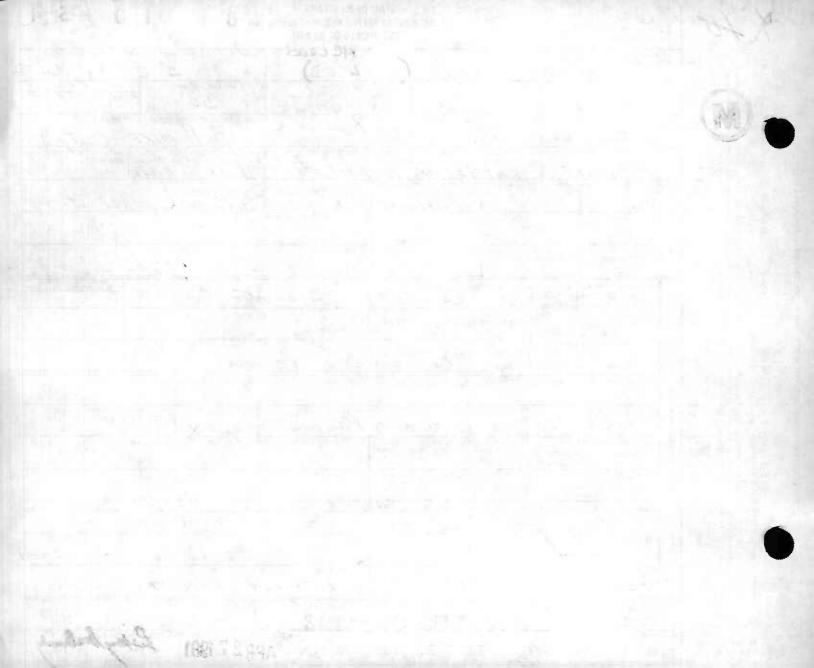
SHOW IN



See in the second second LIKE THE LITTLE AND THE STATE OF THE STATE O Marie Marie 1944 Company of the Comp Les the months of the second density of the second of the s de la company de

A RICHARD WELL AND A STATE OF THE STATE OF T Parkellette whey 23 1 Toyal St And the second of the second o

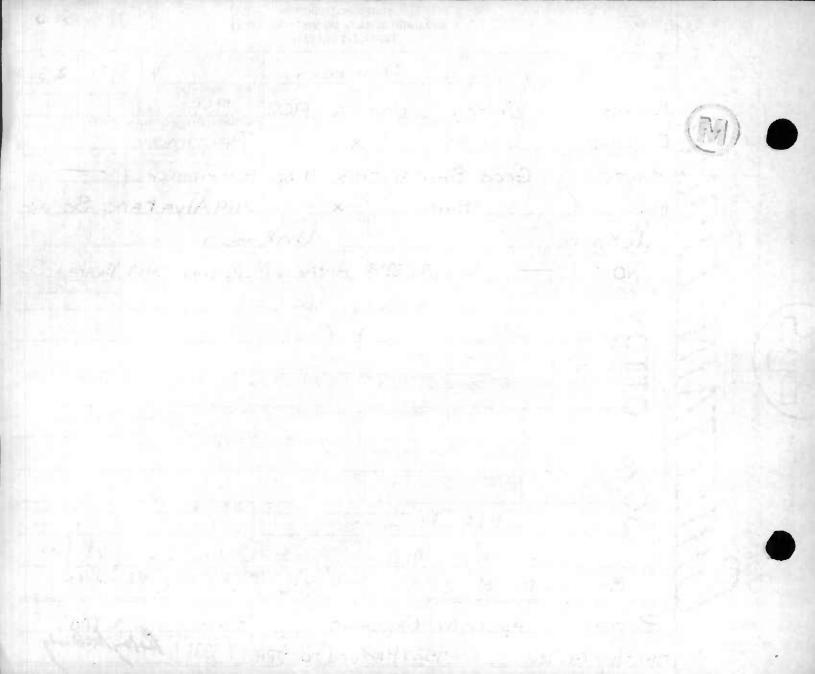
-1 /				ZIAIE	OF MAKTLAND	66 9	1 (3	1.7	14
X LIT	h	FOR - STATE	DEI	ARTMENT OF HE	ALTH AND MENTAL HY	GIENE 8	1 0	0 3	A-G
170	1.	REGISTRAR		CERTIFIC	CATE OF DEATH	DEC N	^		
	LDE	CEASED NAME FIRST	MIDDLE	LAS	MC Lead	REG. N	MONTH DAY	YEAR 26. H	OUB
e ωτ		E OR PRINTI		Cuc	11	THE DATE OF DEATH	6	_	DA C
ay be along a sage 3 death		HENRY	JAME.	S (MCC	LEOD)		4 22	81	J 7
	3 SE	X , 14	RACE	5 DATE OF		6 AGE (IN YEARS LAST BIR			DER 24 HRS
Sunt !		MALE	BLACK	MONTH	6 26	55	YRS.	OAYS HOUR	rs min
A MARKET		IRTHPLACE ISTATE OF FOREIGN 76	CITIZEN OF WHAT COU	NTRY?	V	9 BALTIMORE CITY C		ATH	
		So. CAROLINA	U.S.	WIDOWED		Dalt	MORE	1city) MD.
at the state of the	10 0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR STREET ADDRESS) /	OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	E WORKING LIFE) IN	KIND OF BUS	INESS OR
5 F AR ETU		Baltimore	LatHER	AN HOSI	pital #16	TRuck I	RIVER		
2 2 22	USU 13e	AL RESIDENCE (IF NURSING HOME OR O' STATE / 1136 COUNT	THER INSTITUTION, GIVE RESIDENCY 13c. CITY/OI		34 INSIDE CITY LIMITS?	13. STREET ADDRESS	1		
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Md,	Bal	Himore	YES NO	2542 00	LINUAL	ESt.	
2 9 99	H.F	ATHER'S NAME	1 /= 101		S. MOTHER'S MAIDEN N.	1 - A FP /	1-6100110		
S P ST DA	-	FIRST	O. I L WA	1/20)	D FIRST	WIDDLE	K	irk	
3 85 5100	144	WAS DECEASED EVER IN U.S. ARMI	Sobert Fr	SECURITY NO	IT INFORMANT	ADDRI	/)	IFA	
8 1 11 1		YES, NO ORUNKNOWN) (# YES, GIVE W		SECURITY NO.	II INFORMANT	ADDRI		, , ,	1
e e e		No	DESCRIPTION OF THE PARTY OF THE	1986	Milton A.	Stubles	2542	W. Lan	vale St
ALI Icat ers. val.		18 CAUSE OF DEATH (Enter only	one couse per line for (g), (bi, and ici.i				APPROXIMATE IN	TERVAL ND DEATH
T., BAI		PART I. DEATH WAS CAUSED	BY CO	rolio rest	entiry an	est			
S o ge c r		15 M IMMEDIATE	CAUSE (o)	/				····	
t the death the attendidence carbon the attendidence carbon the traun		1910	DUE TO, OR AS A CON	SEQUENCE OF	-/-				
atte datio		Conditions, if ony, which	(b) C	arunor	nauns				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	EFOLIENICE OF	0				
S that the by the correct of the cor		underlying cause lost		arunun	ve or Pa	uner			
uires uires pleas purial jury,			101		- 7				
	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTION	S TO DEATH BUT N	OT KELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PARI I(a)	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law recutending physician. After this certificate has been sit is the burial-transit permit. Then the and Mental Hygiene prior to I marked or I tem 18 shows any in	CERTIFICATION								
for the property of the proper	V	190 DATE OF OPERATION	196 CONDITION FOR V	1	WASPERFORMED	200 AUTOPSY?	20h. IF YES, WER		
At Re ha te ha permiene as shoe	=	Horeh 81	(a 07 %	lead of	Panerles	YES NOW	YES 🗍		
VITA CIAN ician. ifficat milificat Hygin Hygin	1 %	The ACCIDENT WAS UNDERLYING [7]	716. TIME OF INSURY	0	TIL HOW INJURY OCCU	RRED SENTER HATURE OF INJU	-	PARE 2)	
SIC Vsice rational transfer tall the rate of the rate		DR CONTRIBUTING CAUSE OF DEATH		DAY YEAR					
PHYSIC PHYSIC By physic by physic physic by physic	10	(# EITHER, HOTEY MEDICAL EXAMINER)	P.M.	19					
VISION ING PI ending fiter th the bur the bur i and N	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET FACTORY, C		ZH LOCATION	CITY OR TON	NN COL	MATT	STATE
NDIN attend 3: Afte as the alth ar	*	AT WORK AT WORK	SPANIE CINES WAS ELVE	100000000000000000000000000000000000000		/	1-		
T P P P P P P P P P P P P P P P P P P P		22e I certify that (II (this haspital	ottended the secrosed	10m 41	14/8/10	10 4/2	E/6/10	that (I	(we) last
alo TT TT Tus f H		saw the decrased alve on	-4/21/8/		that in (my) (our) opinion	death occurred on the d	ate and hour and t		
Spital Spital For u. of tem 2		above (f) we) djd) (did note)	view the body after death.				and the second second	C. C	
DIR hed Dept		77E SIGNATURE	law Elemen	Di Di	GREE	Water III	ALC: NO	L DATE SIGNE	D
PITAL by the ERAL State I		1	77	MICH INC.	ATTENDING PHYSICIAN	MEDICAL STA		4-22	-81
PI Steed	1	224. PHYSICIAN'S NAME HITE OFF	RINTY		22e ADDRESS				
HOSPITAC sined by the FUNERAL I wild be detach in the State D PORTANT: I		PELAYO E.	CORREA		11171180	IN HOSE	1871		
TO HOSI retained I TO FUNI Should be with the IMPORT	-						7.20		
F = F 3 S =	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COMM		MAIR
1/0 SP		Burial	4/25/81	Arbut	us Mem. Pk		is, Md.		Marie .
1000	24 F	UNERAL DIRECTOR			25e DA	TE REC'D. BY REGISTRAR		SIGN CUIT	-
DHMH-16 25M (VRA 15, 4) 1/79	10	Wm C March F/	H 110 POR	E. Nort	h Ave	ADD 2 7 1001	perpen	y medic	and a
(VIIA 10, 4) 1//9		The Charter F/	TTOT	T. 1101 C		HELY 1901		San In the	/



(VRA 15, 4)

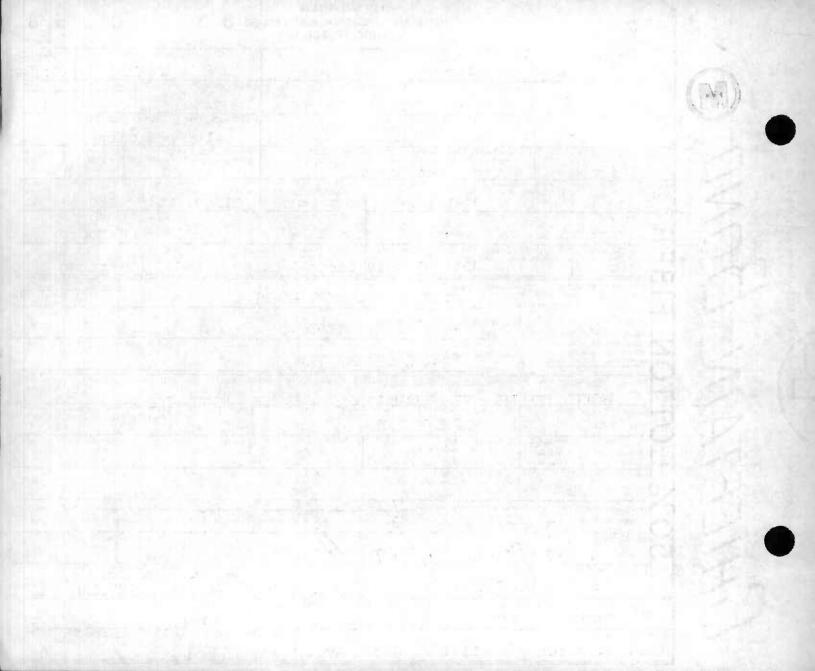
• 1 The second secon Physics and Large several referral to the consideration

1	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	1 0 0	2 0
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
poge 3	(11)	Em 11	L-Y	BCBOBBAY.	17.34	4 5 31	2:36 A
od er o	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
N	止	emale	White	Jan 2 902	1 79	YRS.	HOURS MIN.
E BMB	70 E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH	
Art I	E	MGLAND	U.S.A.	WIDOWED DIVORCED	BALTIMO	SYC	MD.
310	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	RKING LIFE) INDUSTR	OF BUSINESS OR
\$70		SALTO.	16000 OHIN	ALICHU HOSD.	Homemake		
\$35	130.	AL RESIDENCE (IF NURSING HOME OF		ADMISSION) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		0
2	1	ld	Balto	YES 🔀 NO 🗌	AVIA PIPEL	TADO!	Source
	14. 8.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
300		Unknown		Unk	(nown		
medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES)	A) !	ADDRESS		
0		NO -	— Jala-10-6	7008 Anthony	McMUMAY &		MADO Sa.
ent, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and	(c1.)		BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
>				onary Edan	0		
or r		4500	DUE TO, OR AS A CONSEQUE	NICE OF			
otion, troumo		Conditions, if ony, which	1	F. H. F.			
er tro	1	gove rise to immediate	(b)				
5 4		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF			
-		DART 2 OTHER CICALITICANT	(c)				
d of njury	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART	(0)
ws ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b	IF YES, WERE FIND	INGS USED
Shows	Ē				YES NO	CERTIFYING CAUSE YES	NO [
18 7	1 E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	hand.	
21 is marked or Item 18 shows	AL	OR CONTRIBUTING CAUSE OF DEA		Y YEAR			
- F	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
morkedor	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FA	RM, ETC) STREET	CITY OR TOWN	COUNTY	STATE
OE .	1		ital) attended the deceased from	10	18 56.18	10	Al and the formal land
21 is	1	sow the deceosed plive on	//		, 10		, that (I) (we) lost
E 2			t) view the body ofter deoth.				
F ten		220. SIGNATURE	F Ali m	DEGREE ATTENDING	MEDICAL STAFF	22c. DA1	E SIGNED
			E. (41), W		DIRECTOR PHYSICIAN		2/0,
TANT:		22d. PHYSICIAN'S NAME (TYPE C	1 1	22e. ADDRESS The Go	RAVEY BLUD.	門ではなる	SOF.
with the State		EDWARD	Wenge-1	5601 . LOCH	RAVER BUD.	. DALLING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION		
	-	TY IVINA	April 8, 1981 0	AKLAWN	2 CITY OR TOWN	W THE STATE OF	S of STATE
0.00	24 F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25L I	STRARS SHOW	The state of the s
2/80	11	NAME	ADDRESS	HARFORD Rd AP	0 PL 4004	But fry 1900	arread
	Ш	Artley Mille	7 134	TIMETON OF INDIVIDING	401 1001		



Balto Md. 21229

Services Teller Police. Will all and the Control of the Parket Willy Enlic entries ETSEREO" SEJMOND the offer was also patitle. If . or and Institutional Office was farent J. Trunch Johnson Fill Males, Add. 201229



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

FOR

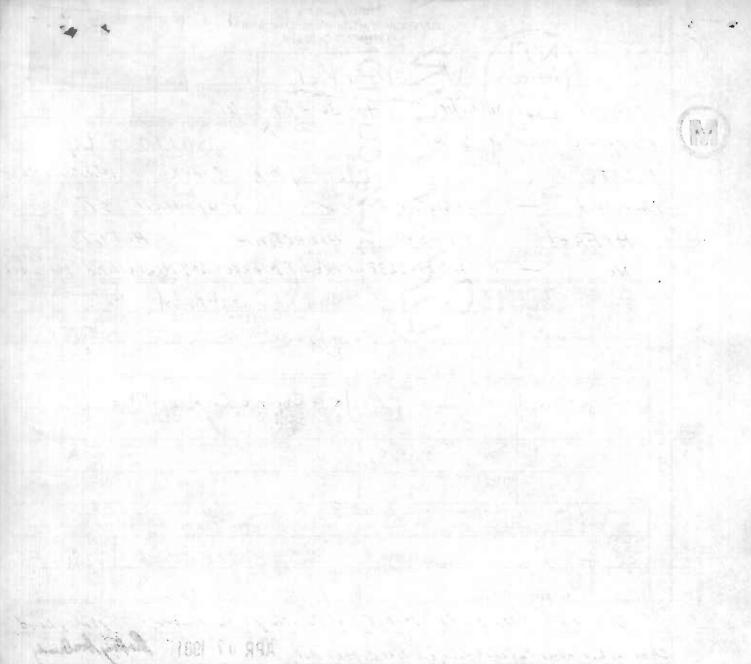
(VRA 15, 4) 1/79

COLUMN TO THE REPORT OF THE PARTY OF THE PAR LENGTH OF STATE OF ST The state of the s AND ADMINISTRAL TO A STATE OF THE STATE OF T The state of the s

18	1	FOR - STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	1 0	U	5 0
. m=		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2	2b. HOUR
deot			ORGE GILBER	RT ME	CK		APRIL 10	0,1981	11:00R.1
frer de	3. SE	X	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF L		IF UNDER 24 HRS
(gg)		MALE	WHITE	A	PRIL 1. 1922	5	9 YRS.	IIII	MIN
of Top		IRTHPLACE LATROBE, PENNSYIMANIA	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY			E CITYMD.
led with	10 €	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND OF	BUSINESS OR
filled in the food of the food	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	TBROOK A		
ompletely and 2 sl	14. FA	CHARAM	MECK LAS	T	15 MOTHER'S MAIDEN NA	MARET,		LAST VART	
oers. Poges 1.		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT LEONA R. M	ADDR	6831 EA	STBROO	OK AVE.
en signed by the ottendin Then please remove corb to to buriol, cremotion, or injury, or other troumotic	IION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	CACN &	NOT RELATED TO THE TERN		IDITION GIVEN	IN PART 1(0)	
hos bee it permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	SS USED F DEATH? NO []
certificate virial-transit ental Hygie frem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	PRY IN ITEM 18, PART I	OR PART 2)	
After this e os the bu olth and M morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIRECTOR: bothed for us Dept. of He If them 21 is 1		22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	ital) ottended the deceosed for view the body ofter death.	.19, o	DEGREE ATTENDING PHYSICIAN	to death occurred on the d	FF		
retoined by the retoined by the TO FUNERAL should be detined with the Stote IMPORTANT:		224 PHYSICIAN'S NAME (TYPE O	OHN STUCKEY	7	22e ADDRESS	POINT BLVD.		.CO M	D.
Bb 7 % \$	23o 8	BURIAL, CREMATION, REMOVAL BURIAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	LTO.CO	STATE ND
IMH - 16 50M 7/77 (VR A 15 (4))	24 FU	INERAL DIRECTOR	San J. 622	EASTER	125- DA	TE REC'D. BY REGISTRAR			

(市) (市) 公司, 建设等 k alebra, braide a commence of the property salt recognition of Igila . Hossan. W. company of the state of the sta be with the first that the same of the sam

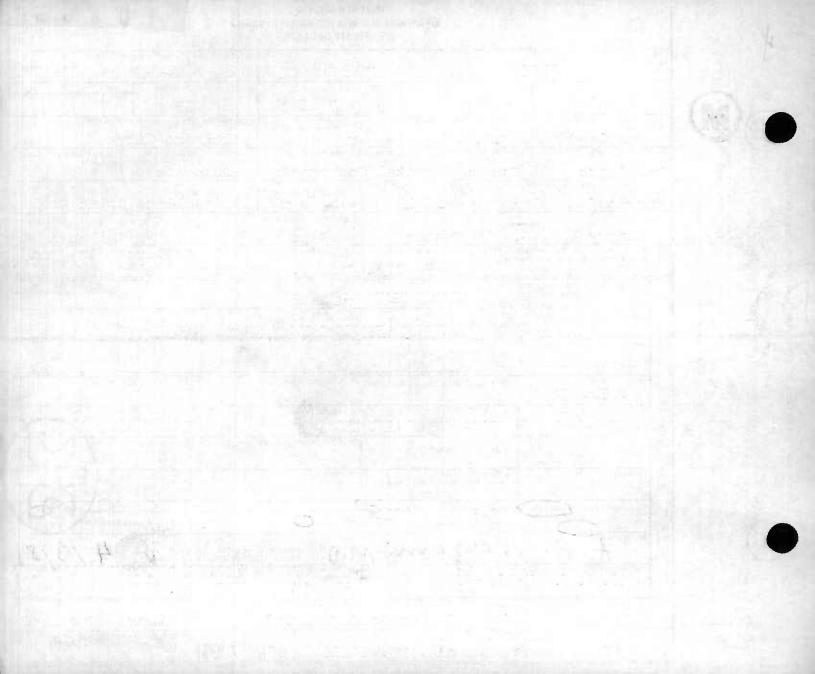
5,197 to the second Carles (1901) 1 Callen .St. Mostager Sick Howell assembly.



DEP WELL THE THE travel source 15 ST De LA MARKACHEL LA MATERIA DO TAMBIE LA COLONIA DE LA CALIFICACIÓN DE LA CALIFICACI The Marie Revision of the Marie State of the The state of the s

White (Sout. 15, 1819-10, 182 and the second of the second o Nercy Hospital Photo angreyan New Yorks Bultinore Ealtingree x 1018 Upnor House U True nion r I L MI 219 06 8308 Mrs. Outherins V. Mayans Same Furial A20/11 Culana Valley Balto. County, IVI.
Henry W. Jenkins & Son So.
4905 York Foad Balto., Nd. 21212 APKI 1 1981

JENNIE E. MEYERS SACE SAC	v -		1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG		. NO.	0 0 6	5
SEX	n me										20 DATE OF DEATH			26 HOUR
Female White 900000 7 18501 89 VRS BATIMORE CITY OR COUNTY OF DEATH MARRIED US.S.A. WARRIED NOVER MARRIED BATIMORE CITY OR COUNTY OF DEATH BALLIMORE CITY OR COUNT OF DEATH BALLIMORE CITY BALLIMORE CITY OR COUNT OF DEATH BALLIMOR CITY OR COUNT OF DEATH BALLIMORE CITY	y be						E.	M	EYERS			4-3-81	1	0:25PM _M
BRITHMACE STATE ORDING ON PHAT COUNTRY Maryland U.S.A. WOOMED DROOKED Baltimore City WOOMED DROOKED DROOKED Baltimore City WOOMED DROOKED DROOKE	4 8 g		1 SE				6			7 O O 7		0		HOURS MIN
Maryland U.S.A. Marked November Nove	Page)	Ju BI		REIGN					1031		I KJ.	OFDEATH	
Second S	#	31		OUNTRY)			52	MARRIE				_		
Baltimore Church Horspital Corporation Housewife Baltimore Church Hospital Corporation Housewife Baltimore Hospital Corporation Housewife Baltimore Hospital Corporation Ho	de de	~	W CI		н								4	MD.
Maryland Baltimore Dundalk vs 00	rs offer by the filled -	35			1	Churc	h Hospi	tal (Housew	ife	E) INDUSTRY	500111250 011
HE FATHER'S NAME FROM HATTY S. FOSTER Jane E. Milbur Jane E. Milbu	filled in could be	35			Bal	other institution ty timore	134. CITY OR TOV	re admission) VN .k		NO 🔀	13e. STREET ADDRES	llers	Point	Road
Harry S. Foster Jane E. Milbur 10 MAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 12 13-74-7702 Gail E. Pawlowicz Balto., MD. 11 INFORMANT 6928 SOCIAL SECURITY NO. 12 13-74-7702 Gail E. Pawlowicz Balto., MD. 12 INFORMANT 6928 SOCIAL SECURITY NO. 12 INFORMANT 6928 SOCIAL SECURITY	etely 2 sh		14. FA		A	NUDULE	LAST			MAIDEN NAM	ΛĒ			
Second	band Day	30											Milbu	rn
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), SUDDEN DEATH	xecut nd co ges 1	7					166 SOCIAL SEC	JRITY NO.	17 INFORMA	NT	6928 48	öllers	Point	Road
PARTICIDENT MAS CAUSE OF SUDDEN DEATH MANDIATE CAUSE (a) SUDDEN DEATH MANDIATE CAUSE (a) SUDDEN DEATH MANDIATE CAUSE (a) SUDDEN DEATH DUE TO, OR AS A CONSEQUENCE OF	be e						213-74-	7702	Gail	E. Pay	vlowicz	Balt		
gove rise to immediate couse and only storing the underlying couse lost. ONLY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION PNEUMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION PNEUMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION PNEUMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION PNEUMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION PNEUMONIA PART 1 OR PART TION PNEUMONIA PART	th certificate nding physic carbonpape , or remaval.			PART'I. DEATH WA	SCAUSED	BY: CAUSE (a)	SUDDEN	DEATH		DOTOVIO	OLU AD DYO	5405	APPROXIM.	ATE INTERVAL ISET AND DEATH
The first of the f	atte nove ptior					(b)_	ARTERIU	SCLERO	JIIC CA	RDIOVAS	CULAR DIS	EASE		
PNEUMONIA 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 197. DATE OF OPERATION 198. DATE OF OPERATION 198. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 190. DATE OF	by the			cause (a), stating	the	DUE TO, OI	R AS A CONSEQU	ENCE OF						
OR CONTRIBUTING CAUSE OF DEATH (FEITHER NOTHEY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR PRINT) DR. A. F. NAZEMI, MD. 230. BURIAL, CREMATION, REMOVAL 231. DATE 232. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 233. DATE 234. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 236. BURIAL, CREMATION, REMOVAL 237. NAME OF CEMETERY OR CREMATORY BURIAL THORSE ATTENDING BROADWAY BALTIMORE, MD. 21231 236. BURIAL THORSE BROADWAY BROADWAY	requires the signed Then pled in to burial injury, or		NOI			ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIVE	EN IN PART 1(a)	
OR CONTRIBUTING CAUSE OF DEATH (FEITHER NOTHEY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR PRINT) DR. A. F. NAZEMI, MD. 230. BURIAL, CREMATION, REMOVAL 231. DATE 232. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 233. DATE 234. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 236. BURIAL, CREMATION, REMOVAL 237. NAME OF CEMETERY OR CREMATORY BURIAL THORSE ATTENDING BROADWAY BALTIMORE, MD. 21231 236. BURIAL THORSE BROADWAY BROADWAY	ow sprio	7	CAT							RMED	20a AUTOPSY?	206. IF YES	WERE FINDING	S USED
OR CONTRIBUTING CAUSE OF DEATH (FEITHER NOTHEY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I certify that (I) this hospital battended the deceased from above, (LY wee) (did) did nat) view the body after death. 220. I SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR PRINT) DR. A. F. NAZEMI, MD. 230. BURIAL, CREMATION, REMOVAL 231. DATE 232. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 233. DATE 234. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 236. BURIAL, CREMATION, REMOVAL 237. NAME OF CEMETERY OR CREMATORY BURIAL THORSE ATTENDING BROADWAY BALTIMORE, MD. 21231 236. BURIAL THORSE BROADWAY BROADWAY	The Lion.	do	RTIF					LEFT				YES	5 🗆	NO .
220-1 certify that (1) This hospital attended the deceased from 4-3 19 81 that was th		9		OR CONTRIBUTING CA	USE OF DEAT	HOUR A.	M. MONTH D		21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART 1 OR PART 2)	San Jan
220. I certify that (I) This hospital attended the deceased from 3-21, 19 81, to 4-3 19 81, that I saw the deceased from 4-3 19 81, and that in (my) or apinion death occurred on the date and hour and from the cause above, (I we) (did) did nat) view the body after death. 220. I certify that (I) This hospital) attended the deceased from 81, and that in (my) or apinion death occurred on the date and hour and from the cause above, (I we) (did) did nat) view the body after death. 220. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BALTIMORE, MD. 21231 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BALTIMORE MARY BP BURIAL CREMATION, REMOVAL 23b. DATE BURIAL CREMATION TO COUNTY BURIAL STAFF A STAFF	PHYSI trending tre buri	-	MEDIC	21d INJURY OCCURRE	D	21e. PLACE	OF INJURY			N	CITY O	RTOWN	COUNTY	STATE
above, (/we) (did) did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF X PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	ENDING of or of OR. Afre r use as Health is mark		-3	22a I certify that (I)	his hospite	oly attended the	e deceased from	81	1	-, ' /	, 10		. ,	at (l) (we) ast
THE DING MEDICAL STAFF X PHYSICIAN DIRECTOR PHYSICI	ATTI ospit ECTC id for it. of m 21		-4	above, (V (we) (die	d) did nat	view the body	after death.	, or		aur apinion d	eath occurred on the	date and hour	and from the co	iuses stated
BP 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYPORTOWN Burial 4/7/1981 Moreland Memorial Baltimore Mary	7 d d d 4		d	A. P. Noneman M. A attending _ Medical _ Staff X 14-3/62										83/8/
BP 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYPORTOWN Burial 4/7/1981 Moreland Memorial Baltimore Mary	HOSPI pined b FUNE could be ith the S						ID.			CHOICH				00'N.
BPBurial 4/7/1981 Moreland Memorial Baltimore Mary	Die Sta W.		23a B	URIAL, CREMATION, R	EMOVAL	23b. DATE	23€	NAME OF C	EMETERY OR C	REMATORY				
24 FUNERAL DIRECTOR DUCA - DUCK TOACH	BP		ı	Burial			981 Mo	relai	nd Mem	orial	Ba	ltimor	e Mar	yland
OHMH-16 SOM 1/81 (VRA 15, 4) 7922 Wise Avenue Dundalk, MD. 21222 APR 7 1981			24 FL	NERAL DIRECTOR DI	ıda-I Aveni	Ruck, le Du	Inc. ndalk,	MD.	21222	25a. DATE		AR 2	- Malle	4



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE 2e. DATE OF DEATH MONTH DAY YEAR Zb. HOUR (TYPE OR PRINT) QUONS 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # LINDER 24 White Jan. DAYS HOURS 1953 78-BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CILY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED | WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s LISUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
City Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Crane Operator Beth Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore YES 13a STATE 136 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Maryland 25 N. Kenwood Ave. 21224 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Daniel Meyers LAST Janet DeLong Meyers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT 21205 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-56-7893 1006 Spangler Way Janet Meyers APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), 16) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NOF YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE TO FUNERAL E should be detach with the State D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Md. STATE Burial May 1981 Gardens of Faith 24 FUNERAL DIRECTORS chimunek Funeral Home. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 25M 3331 Brehms La. Balto., (VRA 15, 4) 1/79

THE PROPERTY OF THE PROPERTY OF THE PARTY OF the mean convene with the same of a constitution of Brand- May 2011 B-Lyon Jones A STATE OF THE STA White the state of The Second of the Second of the A CONTRACT SERVICES

slike - 2020 to east the one Three to the company of the company 213-01-95 L men. Anna milandi, sameri promite for the species and a gordan interest asserted Francis Cont. Inc. of the Francis of the F

3	1	FOR STATE REGISTRAR		DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	100	68
		CEASED NAME FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH		R 2b. HOUR
be con	1	Mari	e	C.	Mile	25		4 8 198	11
ê P	3 SE		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
4 96 4	F	Male	Car	uo.	1	14 1905	76	YRS.	AYS HOURS MIN
Police Property	70. B	RTHPLACE (STATE OR FOREIGN		F WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1
degih funerol thin 72		Md.	U.	S.A.	WIDOWE	DIVORCED		re City	MD
e se se	10 €	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, N	URSING HOME C	R OTHER INSTITUTION	120. USUAL OCCUPAT	ION 126 KIN	D OF BUSINESS OR
19 s s s		Baltimore	301	9 Pula	ski Hwy	7.	Housewi		N.
4 hour led in id be	130	AL RESIDENCE (IF NURSING HOME STATE 1136 CC	OR OTHER INSTITUTION	ON, GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
AND 2		Md.			imore	YES 🔀 NO	3019 Pul	aski Hwy.	
RYL,	14. F	THER'S NAME	WIDDLE	LA	ST	15. MOTHER'S MAIDEN N	AME		LAST
MAR wed w		Frederick		Rapp		Mary	MIDDEE	Web	
BALTIMORE, MARYLAND cote be executed within 24 spician and completely fille apers. Pages 1 and 2 should vod. 11, the medical examiner must	160 \	VAS DECEASED EVER IN U.S.	ARMED FORCES	? I66 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS	
IIMO		No		219-1	4-1323	William Mi	les 6416	Mt. Vista	Rd.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BAL GRAPHYSICIAN: The low requires that the death certificate ottending physician. For this certificate has been signed by the ottending physici st the burial-transit permit. Then please remove carbon, pape th and Mental Hygiene prior to burial, cremation, ar removal, and or Item 18 shows any injury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO,	OR AS A CON	SEQUENCE OF SEQUENCE OF	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	T I(o)
RDS, requir Then r to b	0 N	aypa	stratur-						
TAL RECO	CERTIFICATION	190. DATE OF OPERATION			VHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
ON OF VIT. TYSICIAN: T ding physici s: certificate buriol-transi Mentol Hygg nr frem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTI P.M.	H DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART	21
DIVISION V.G. PHY: ottendir frer this os the but th ond M n ond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME, S	E OF INJURY STREET, FACTORY, C	OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
R ATTENDIN hospital or IRECTOR: After for use opt. of Health fem 21 is mo		226.1 certify that (1) (this has sow the deceased alive above, (1) (was (did) (did	on 3/25	3	- A 1 1 5	d that in (197) (our) opinion	to 2/8	ote and hour and from	, that (1) (we) last the causes stated
the office of th		22b STGNATURE	" The	ferto	- mo		MEDICAL STA	FF //	10/8/
O HOSPITA etoined by TO FUNERA should be de with the Stat		JOSEPH /	3.1113	EBTO.	MI)	Balling of	md.	1/22)	2
/ 0/	23a (URIAL, CREMATION, REMOV	AL 23b. DATE		23c. NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
60/ BP		Burial	4/11/	/81	Parkwo	od Cem.		Raltimo:	
DHMH - 16 60M 7/73	24. F	JNERAL DIRECTOR		ADDRI		250. BA	TE BEC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	VATURE
(VR A 15 (4))	B	Dabrowski	& Son 2	2818 F	Balti	more St.	1 1 0 1001		

The state of the s . The later of the state of the Editaria interpretation of the state of the Tables of the state of the stat 30 ... 11-14-13 3 W1 1140 1140 6416 ... 1164 96. AND PROPERTY DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY A ita menetificani dise nez i impresial il

6	1-	FOR STATE REGISTRAR				STATEMENT OF I	HEALTH		ENTAL H	YGIENE F DEAT	н	REG. N	0	0	6	9
W		CEASED NAME E OR PRINT)	Charles		MIOOLE	3	Λ.	liller	,	20	OF DEATH	MATED X	J MONTH		YEAR	26. HOUR
PLEAS RECTOR RECTOR FILES HOUR	3. SEX		RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	RS IF UN	DER 1 YR.	IF UNDER 2	24 HRS. 20 MIN PR	DATE		MONTH	DAY	1981 YEAR	2d HOUR 9:44 a.m
NECESSARY, PLEASE WERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	Ja. Bl	RTHPLACE (STATE	4	76. CITIZEN OF W	HAT COUN	TRY?	8 MARRI	-	VER MARRIE			ORE CITY	_		1981 DEATH	a.m
A SEE SOO	10. CI	ennsylvar TY OR TOWN OF Baltimore	DEATH		W. 35	th Stre	et		DIVORCE	12a USUA FOR MO				12h K1	ND OF BURINDUST	MD. ISINESS RY Cture
F ANY DEL AND 3 TO SHOULD BI SECORDS	130. S	TATE SATURATE	IN NURSING HOME O	OR OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISSR OR TOWN timore)N)	13d. INSIDE CI YES 5C	NO 🗆			35th	n St			
DEATH IN OCE NO.	C	harles VAS DECEASED E		MIDDLE MILLER	Tike soo	LAST	(NO	Ma:		Jane	Dav	is ADDRES	\$		LAST	
BALTIMOR S. AFTER DE GIVE PAGE TITH FORM PAGES 1 A	{Y	ES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)		12 728			zel B.	Mil	ler		same		PPROXIMATI	
L RECORDS, 201 W. PRESTON ST., BALTIMOKE WULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES FFE AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL, CREMATION, OR REMOVAL.	NO	Conditions, gove rise couse (o) ste lying couse	if ony, which to immediate oting the under- lost.	TE CAUSE (o) AC DUE TO, OR (b)	AS A CON	NSEQUENCE (OF OF				iseas	se		86.7	WITH ONS	TAND DEATH
SHOULD ORD "PEI NE LUSED A LUS	CERTIFICATION	190. DATE OF O	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						AUTOPSY	NO M
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECRITING THE WORD "PENDING" ROED TO THE CHEEF MEDICAL ES 3 SHOULD BE USED AS A BUY E DEPARTMENT OF HEALTH AN OI PRIOR TO BURIAL, CREMATI		210. EXTERNAL OF	OR	21b. TIME O HOUR A.A DEATH P.A	A. MONTH	DAY YEAR		OW INJURY	OCCURRED) (ENTER NA	TURE OF INJU	IRY IN ITEM 18	PART 1 OR F			
DIVISI THIS CERT WRITING WARDED PAGE 3 SF TATE DEP	MEDICAL	WHILE AT WORK	CURRED NOT WHILE [AT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION TREET			CITY OR TOW	'N	C	OUNTY		STATE
MEDICAL EXAMNER: COUTE THE CERTIFICATE, SE 4 SHOULD BE FORE FUNERAL DIRECTOR: IER DEATH, WITH THE SITMORE, MARYLAND,		220. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NATUYPE OR PRINT	Ingine	e of the remoins de rol couses XX	Accident			, Homic	PECIFY) istan	Undeteri		nner .	DATI SIGN		4-12-	-81
623 4 0 5 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L	URIAL CREMATIC PECIFY) Urial		136. DATE 4-14-81		NAME OF CEA		Ceme	tery	23d. LOC CITY OR WOO	dla wr	n, Bal	lto		Wd.	ATE
/306 DHMH-17 (VR A15 ME (5))		uneral directo		Home, Bal	timor	e, Mar	yland		25a. DATER	PR1	198	256 REG	RAD'S	SIGNA	UR	4

A Landard Market Market

Larde de la come de la compans de la compansión del compansión de la compansión de la compansión de la compansión de la compansión del c

ADDRESS

Maryland

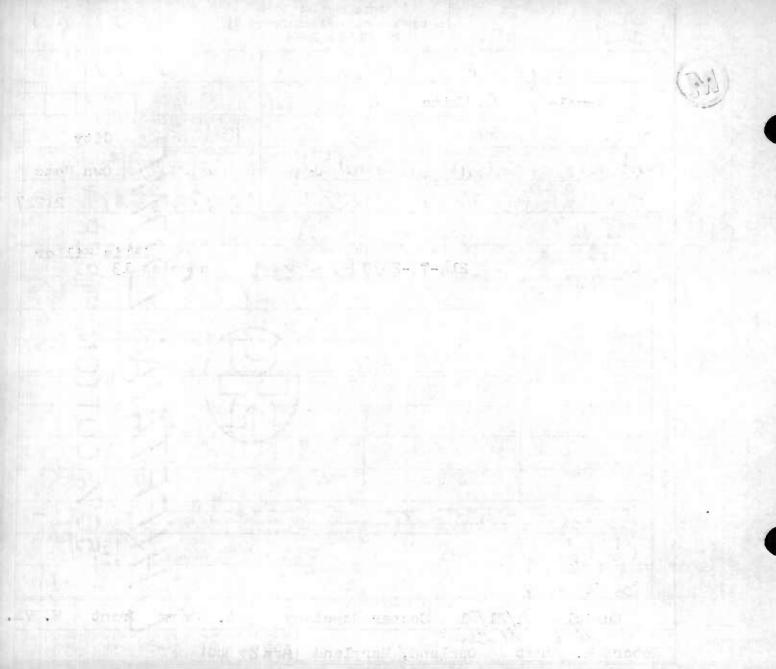
Oakland.

Durst

Robert M.

DHMH-16 30M 2/80

(VRA 15, 4)



FOR

REGISTRAR

1. DECEASED NAME

- STATE

LITYPE OR PRINTS

Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY self emp 818 S. Ponca Street LAST Bertha Miller 818 S. Ponca Street APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED Baltimore, MD 21201 (SPECIFY) Burial Baltimore 4/23/81 Maryland Oak Lawn 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 1005 Dundalk Avenue (VRA 15, 4) Walter Dabrowski

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

21

81

IF UNDER LYEAR

2b. HOUR

20. DATE OF DEATH

10 15 2	tell			GO i
		Si sile		
gala modilita		166		part (constru
paragr self emp	2	ears cont.	416	-agomiging
ald Pones Circut		Selfxxore		Sheatyrail
	a.ls tod	net titl		
51s f. fonce Struck	notain Niller	e		311
alatere, Mp. 97201	. स्वतः व्यक्तः । वदः	.0.3	,=11	Norels L.

		STATE REGISTRAR		MEI	5/28/83 ST DEPARTMENT O DICAL EXAM	NER'S	CERTIFICA	TE OF DE	ATU	5. NO.	0 7	2
		EASED NAME	FIRST		WIODIE		LAST		20. DATE KNOWN	MONTH	OAY YEAR	26 HOUR
SI SI II			CHAI	RLES	L.	MII	LS		OF ESTI- DEATH MATED	□ 4-4	- 1981	M
	3. SEX	- 4	. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UI	-	UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	4 166
※1)	m	ale	black	5 20	48 32	YRS.	NS DATS NO	DURS MIN.	DEAD	4-4	- 181	ам
W		RTHPLACE (STA	TE OR	76. CITIZEN OF WH	HAT COUNTRY?	8. MARR	IED NEVER	MARRIED X	9. BALTIMORE CIT	TY OR COUNT	Y OF DEATH	
\$33	3a]	10.,	Md.	U.S.	٩.	WIDOV		IVORCED -	Baltimo	re City		MD.
90		altimor	/	(IF NOT IN SUCH FAC	PITAL, NURSING HO CILITY, GIVE STREET AGORES erland St	5)	HER INSTITUTION	N 12a US	UAL OCCUPATION MOST OF WORKING LIFE)	(TYPE OF WORK	0R INDUSTI	
	USUA 13a. ST M C	ATE	FIN NURSING HOME OR	OTHER INSTITUTION, GIV	RESIDENCE BEFORE AOM	SSION)	13d_INSIDE CITY L	IMITS? 13e. STI	REET ADDRESS	h St.		
96	14. FA	THER'S NAME		WIDOLE	MIIIS,	Sr.		MAIDEN NAM	E		LAST	
1	(YE	'AS DECEASED S, NO, OR UNKNOW O	EVER IN U.S. ARM		166. SOCIAL SECUI 212-48-		Debora		nd 605 E	. 38th	st.	
REMATION, OR REMOVA	NO	gove rise couse (a) s lying cous		(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE T	E OF	E DR CONDITION GIV	(EN IN PART 1 (a).				
	CERTIFICATION	19a. DATE OF C	OPERATION	196. CONDIT	ION FOR WHICH OF	ERATION V	/AS PERFORMED	D?			20 AUTOPSY	
3		210 EXTERNAL UNDERLYING CONTRIBUTIN			INJURY MONTH DAY YE	AR 21c. H	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEA	M 18 PART 1 OR PAR	YES XX	NO L
	w	21d. INJURY OC WHILE AT WORK	NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET		CITY OR TOWN	cou	INTY	STATE
NO.		220 certify death resulted		af the remains described at the remains descri	Accident ,	Autar Suicide	, Homicide	IFY)	Inquiry, termined manner	and in my opi		
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL. I FEWNIT. FORD I AND 2 SHOOLDE FILED, WITH STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF VITAURECORDS, 201 W, PR. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a. BU	ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN IRIAL, CREMATI			Korell M.		ADDRESS 1	11 Ponn	OCATION		4-4-81	
BALTIMORE, MARYLA	23a. BU	EXAMINER'S N (TYPE OR PRIN' IRIAL, CREMATI	T)Marga	b. DATE			ADDRESS 1	11 Penn 23d. Lo	Street OCATION FOR TOWN	COUN		ATE
	23a. BU (SF B	SIGNATURE EXAMINER'S N (TYPE OR PRIN	T) <u>Marqa</u> ON,REMOVAL 23				ADDRESS	11 Penn 23d. Lo	Street OCATION FOR TOWN	COUN		ATE

the state of the s Appear of the second se Black with a second at the sec The state of the s - STATE

(VRA 15, 4)

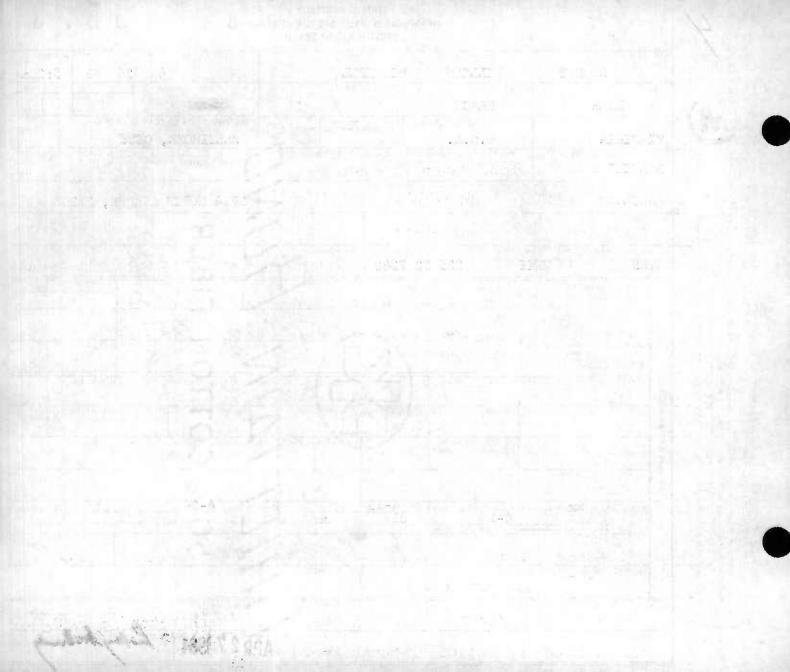
Wm. C. March F/H

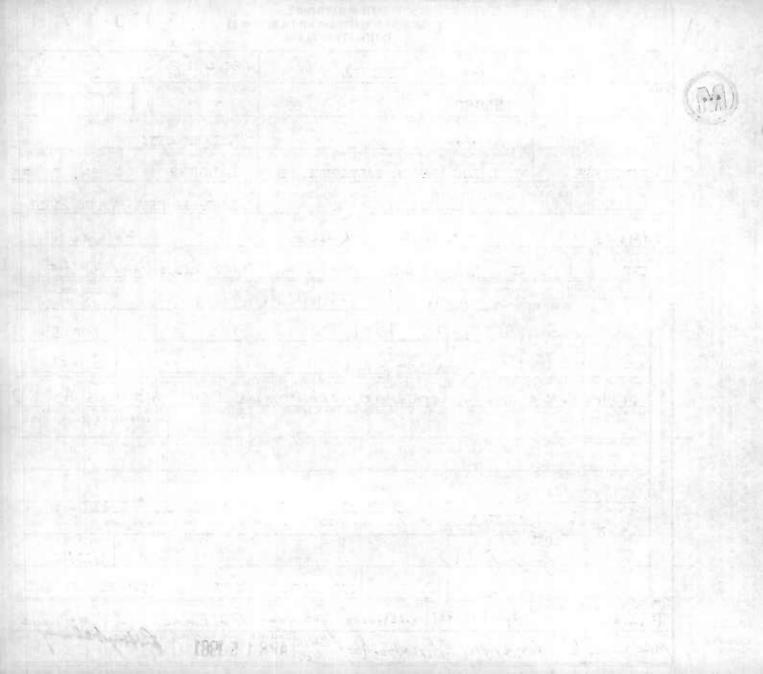
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

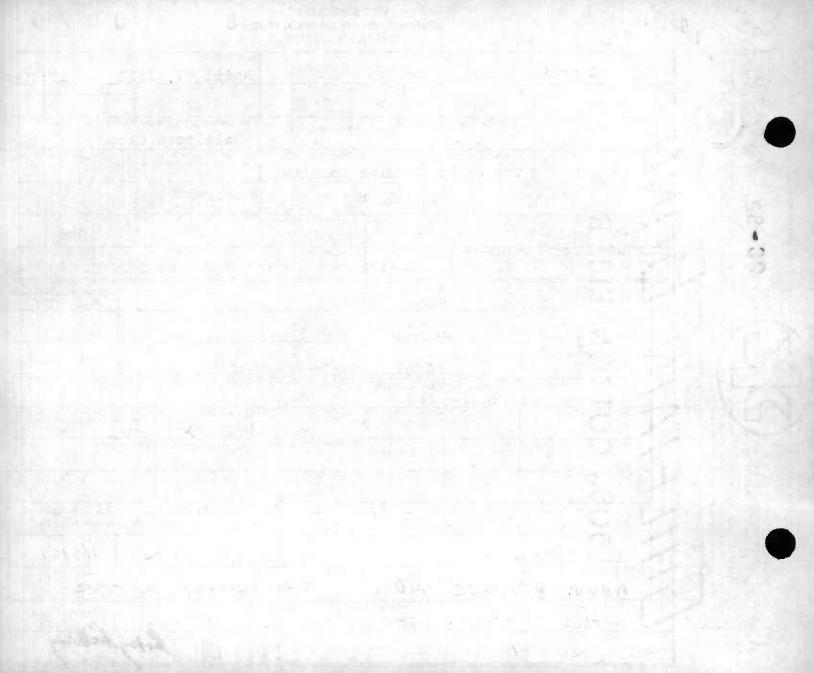
CERTIFICATE OF DEATH

REG NO

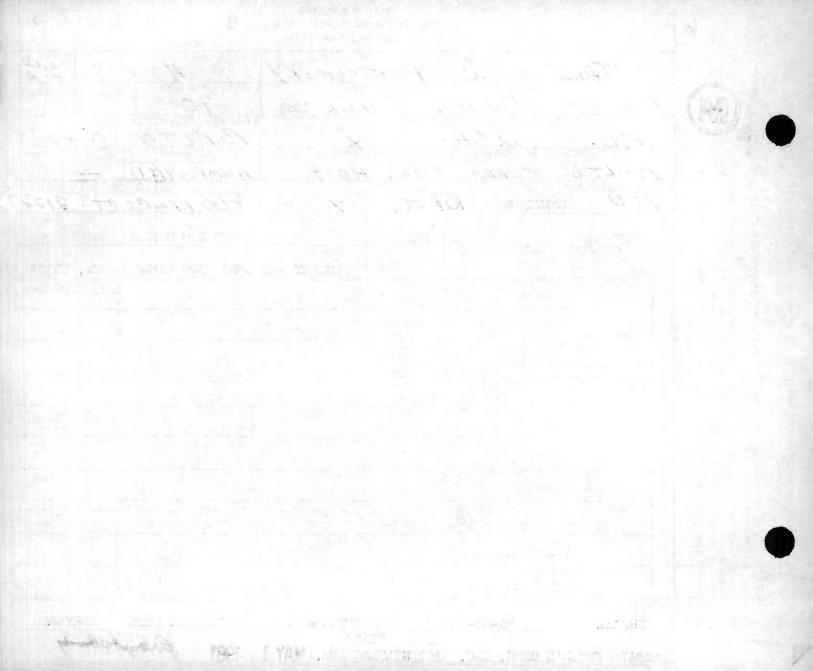




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT Charlie (Charles) Moblev April 07. 1981 4 RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 1 4 AR 13 Male Negro 66 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN MARRIED X NEVER MARRIED S.C. USA Baltimore City WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR The Johns Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 13h COUNTY 2422 E. Hoffman St. Baltimore 13d. INSIDE CITY LIMITS? MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mobley Bill Janie Young ADDRESS 16h SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-07-4189 Maggie Miller Mobley 2422 E. Hoffman 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST MINUTES IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF ANEMIA HOURS Canditians, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost SEPSIC MULTIPLE MUELOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d CERTIFICATION CI BLEED 20b. IF YES, WERE FINDINGS USED 9ª DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 71g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in [m] (our) apinian death accurred an the date and have and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the 204KC HOSFITHZ RPEARSE HOPKING 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL Burial 4/11/81 Arbutus Mem. Pk. Baltimore MD 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 1101 North Ave. Wm. C. March F/H (VRA 15, 4)



DIVISION OF VITAL RECORDS,



3	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		REG. NO.	100	77
	I. DECEASED NAME FIRST	MIDDLE	LAST	2a DATE	OF DEATH MONT	TH DAY YEAR	2b. HOUR
p p p	(TYPE OR PRINT)	Ц	M 10		4	01 01	1:201
16. 000	3. SEX	4 RACE	1 100+90mers	6. AGE (II	YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	Black	MONTH DAY YE	0	70	MONTHS DAYS	HOURS MIN.
- Gard	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUP	MARRIED NEVER MARRI	ED 9 BALTIN	ORE CITY OR CO	OUNTY OF DEATH	
1 1 1/1	South Carolina	U.S. A.	WIDOWED DIVORCE	ED 🗆	altimo	se City	MD.
1 11 201	10. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 	URSING HOME OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WOR		BUSINESS OR
5 5 57	Baltimore		cours Hospital		tired		
212 A in be t	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	MITCO 1120 STREE	T ADDRESS.		2175
LAND 2 hin 24 hin 24 hilled should be	md -	- Bal	rimore YES NO!	_ 42	02 Duva	11 Ave.	
tely 2 sh	14. FATHER'S NAME	AIDDLE LAS	15 MOTHER'S MAIL				
MAN 3 SENO	John	00 1	Romery Com	01.	MIDDLE	Rollets	20
Col Cor	16a. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SCURITY NO 17 INFORMANT	4	ADDRESS	<u> </u>	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rathending physician and completely filled in b. Wher this certificate has been signed by the attending physician and completely filled in b. as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygene prior to burial, cremation, or removal. arked or Hem 18 shows any injury, ar ather traumatic event, the medical examiner must be a considered or Hem.	(YES, MO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 715-	10-2739 Rosa E.	Burney	4202 D	uvall Ave	
Trificate ritificate on paper emayal.	18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED			A 0	. 50	BETWEEN OF	NATE INTERVAL NSET AND DEATH
ST., errific g phr oan pr rema even		E CAUSE (a) Cerul	orovas audin	Acaid	end B	3'	
oding affin	4360	DUE TO, OR AS A CON	SEQUENCE OF 11	2			
death death attendance contion, a raion, a raion, a	Conditions, if any, which	(b)	(Jenny	agia			
the the er tr	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	O			
in W. PRESTON s that the death co de by the attendin lease remove carb inal, cremation, ar an arter traumatic	underlying cause lost.	1 10 Sec	sure Histy	rdes			
RDS, 20 squires t signed Then ple ta burio njury, as		ONDITIONS CONTRIBUTION	GYO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEA	ASE OR CONDITIO	ON GIVEN IN PART 1(a	
OR red	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Las CONDITION FOR V	/HICH OPERATION WAS PERFORMED	1 2B- All	TOPSY? 20b	IF YES, WERE FINDING	CELIEED
I low r	E IN DATE OF OPERATION	178 CONDITION FOR V	THICH OPERATION WAS PERFORMED		IN	CERTIFYING CAUSES	OF DEATH?
TALR The Incion.		216. TIME OF INJURY	Tale Hove Bullion	YES [ио У	YES 🗌	NO 🗌
AN: The physicic fitcate transit all Hygies 18 sho	OR CONTRIBUTING CALLES OF DEAL		H DAY YEAR	OCCURRED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)	
SION OF VI	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19				
MSIOI PHY trendi tre bis the bus and M	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DIVISION DING Properties of the distance of the marked marked	AT WORK NOT WHILE		. 2	61		0.1	
O a a o E	22a. I certify that (1) (this hospit	al) attended the deceased	011	X 1 . 10	4		hat (I) (we) last
E 9 F 4 9 8	saw the deceased alive on obove, (1) [me) (did) (did not) view the body after death.	19 , and that in (my) (our)	opinion death occur	red on the date as	nd haur and fram the c	ouses stated
OR A bosh	22b. SIGNATURE	7 0 5	DEGREE			22c. DIATE S	IGNED
0 - -	BAN	we	ATTENI PHYSIC	CIAN DIRECTO	R PHYSICIAN	0 41	191
A S S S S S S S S S S S S S S S S S S S	22d. PHYSICIAN NAME (TYPE OF	REMINI	22e ADDRESS		. ^	Nº 0	to my
	BERDER	1% 17. Go	nexter Bon	1 Lown	· 100	Y - 3	1/222
Sha Sha	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMA	ATORY 23d. LO	CATION		
043 BP	(SPECIFY) Burial	4/6/81	Meadowridge C		Laurel	COUNTY	MD
DHMH-16 30M 2/80	24. FUNERAL DIRECTOR			25a. DATE REC'D. BY		REASTPAR'S SYNAT	RE .
(VRA 15, 4)	Wm. C. March	F/H 1101 ADD	E. North Ave.	APR 2	981 0	within	7

P 10 5 5 14

is frequency for

machalloft ve

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	GIENE 8	REG. NO.	1	0 0	1	9
ł		CEASED NAME	FIRST		MIDDLE		AST		2a. DATE C	F DEATH M	ONTH	DAY YEAR	26 HOU	R
	(ITE	OK PRINT)	LULA		F.	MOC	RE			APRIL	_ 1	18,1981	1:4	OP M
Ŋ	3. SE		12.00	4. RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER	
		Femal		Whit	ce	16 NT	26	1915		65	YRS	MONIHS DATS	HOURS	MIN.
		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER	MAPPIED []	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH		
Š	V.	irginia			5.A.	WIDOWE	DX D	NORCED [Bal	timore	e Ci	ty		MD.
1	Ba.	ty or town of ltimore		(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET N Hospit	ADDRESS)			TYPE OF WO	OCCUPATION IN CONTRACTOR OF VICENIA (CONTRACTOR OF VICENIA)	WORKING LI	12b. KIND C INDUSTRY	F BUSINE	SSOR
1	73a. S	AL RESIDENCE (IF STATE ryland	MI COUN	other institution ITY cimore	I 13t. CITY OR TOW Edgemen	N	13d. INSIDE (ITY LIMITS?	13e. STREET 7357	Waldr	nan	Avenue		
	14. FA	THER'S NAME		MIDDLE	1AST		15. MOTHER	S MAIDEN NA	WE					
-		Harvey		I	Ratcliff		Le	nia		MIDDLE		Beckr		
		VAS DECEASED ET		MED FORCES?	166 SOCIAL SECU		17 INFORM.					7 Geis		
1		No	(1 1 2 3 . 0 1 1 1	e vinit on onicaj	224-16-	1126	James	D. Ha	all, :	SrEd	dgem	ere, MI	21:	219
	Z	Conditions, if a gove rise to cause (a), st underlying co	IMMEDIAT ony, which immediate oting the luse last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	PAIN NCE OF	nonag		ON CAN	CER	TION GIV		IMATE INTER	DEATH
	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUT		IN CERTIF	S, WERE FINDING CAUSES		H?
		21g. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	110	M. MONTH DA	Y YEAR	21c HOW IN	IJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 F	PART I OR PART 2)		
	MEDICAL		URRED	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATE STREE			CITY OR TOWN	4	COUNTY	5	TATE
				APRIMINATION OF THE PRIME	deseased fram_ 18 19 8 after death.	4 / 3 /81 . or	APRIL ad that in (my)		31, ta AP death occurr	ed on the date	18 and hou	19 0181,	that (I) C	ve)lost
		22b. SIGNATURE	2V	Plat	la		1100	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	, NO	APRII		P9\$1
		E.V.PLA	LIAZ 1	PRINT) PI	atia		BROAD	CHURCH	HÔSPI		RPOR	ATION, D 2123	100	٧.
1	23n B	URIAL CREMATIC	N PEACOVAL	23h DATE	23. N	LAME OF C	CAACTERY OR	CREMATORY	123d LOC	ATION I				_

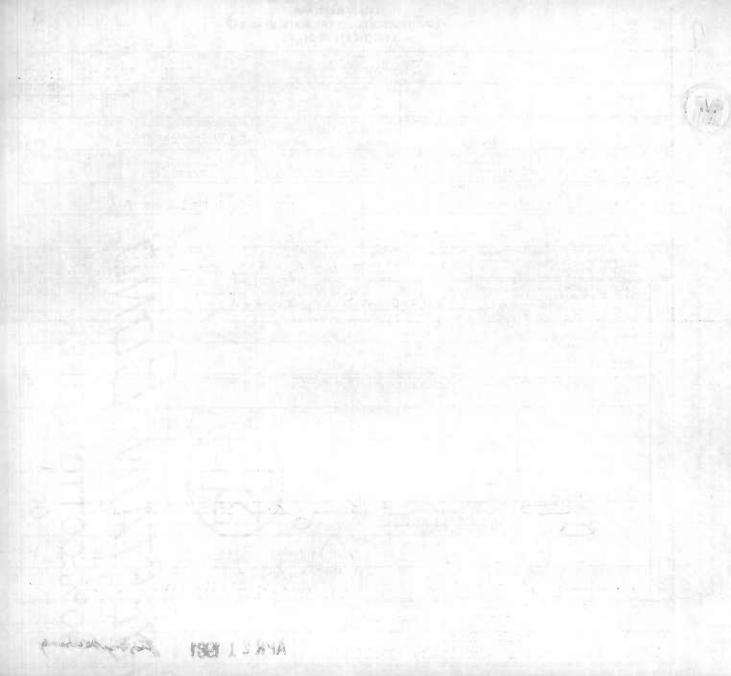
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Burial 4/21/1981 Oak Lawn
FUNERAL DIRECTOR DUDA - Ruck, Inc.
7922 Wise Avenue Dundalk, MD.21222

APR 2 1

Baltimore Maryland



FOR

24 FUNERAL DIRECTOR

Duda-Ruck Inc. 7922 Wise Baltimore, Maryland

DHMH - 16 50M 1/81

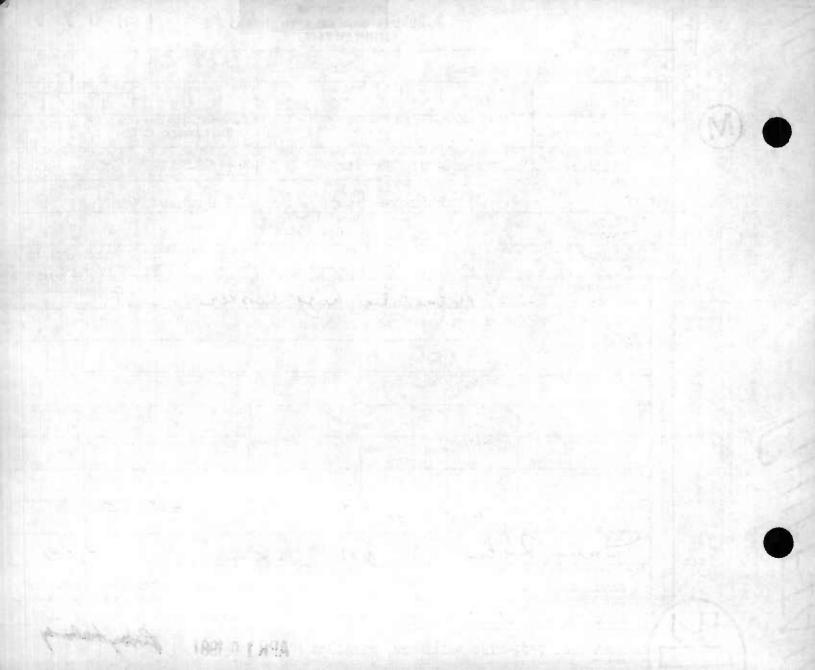
(VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

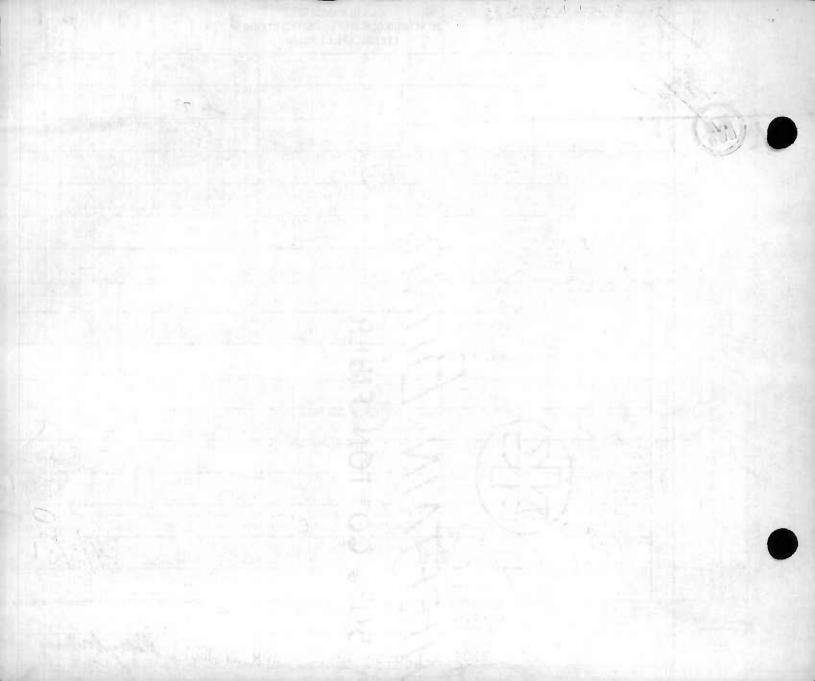


T.	REGISTRA		64 4/8/81 МЕ	DICALE	XAMINE	R'S C	AND MENTAL ERTIFICATE	OF DEA	REG.		DAY YEAR	26 HOUR
0 SE E	(TYPE OR PRINT)	STE	LLA	CONST	ANCE	MOF	OWSKI		OF ESTI-	□ 4-5-	- ,81	M
X I I	sex female	4. RACE white	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 76 YRS	MONTH:	DER 1 YR. IF UND		C. DATE RONOUNCED DEAD	MONTH 4-5-	DAY YEAR	8 2 2 15 UR
the Tubble Till.	BIRTHPLACE	(STATE OR	76. CITIZEN OF W		7 111				BALTIMORE CIT	Y OR COUNTY	-17	Рм
1000	Marul		U.S.A	١.		WIDOW	ED DIVO	RRIED	Baltimon	re City		MD.
90		WN OF DEATH	11. NAME OF HO (# NOT IN SUCH F 5707 P18	SPITAL, NUR	REET ADDRESS)		ER INSTITUTION	12a, USU, FOR MA HOU:	AL OCCUPATION DIST OF WORKING LIFE) SEWITE	(TYPE OF WORK 1	26. KIND OF BU OR INDUST	JSINESS
1:	SUAL RESIDEN	VCE (IF IN NURSING HOW	E OR OTHER INSTITUTION, G	13c. CITY		N) .	13d. INSIDE CITY LIMITS	13e STRE	JADDRESS Plainfi	ield Ave	9	
-	Marylar 4. FATHER'S N						15 MOTHER'S MA	IDEN NAME				
20	FIRST		Baginski	Banko.	AST W EKAX	115	Mich	alina	MIDDLE	Bank	kowska	
10	60. WAS DECE	ASED EVER IN U.S.	RMED FORCES?		IAL SECURITY	NO.	17. INFORMANT		ADDR	RESS		
F	(YES, NO, OR UI	NKNOWN) (IF YES, G	VE WAR OR DATES)	212	-36-65	94	Mrs Patr	icia E	Holt	Sar	me	
	gove cous lying	ditions, if any, whi erise to immedia e (a) stating the under couse lost.	ch te (b)	R AS A CON	SEQUENCE O	F			r disease			
	19a. DATE	OF OPERATION	19b. COND	ITION FOR V	VHICH OPERA	TION WA	AS PERFORMED?				20 AUTOPSY	?
2	TE										YES 🗆	XXON
	CONTRIE	RNAL CAUSE WAS ING OR BUTING CAUSE C	FDEATH P.A	M. MONTH M.	DAY YEAR			RRED (ENTERNA	TURE OF INJURY IN ITEA	M 18 PART 1 OR PART	2)	
	WHILE AT WOR	RY OCCURRED NOT WHILE AT WORK		OF INJURY		21f. LOC	ATION		CITY OR TOWN	COUN	NTY	STATE
		,	tural causes XX	Accident	re, held an Suid	Autops	y , Inspection of the Inspecti	Undete	mined monner	ond in my apir , DATE	-6-81	
	ACTUAL	JRE VY	municos	Mind								
2	EXAMINE (TYPE OR	ER'S NAME PRINT) Ma	rgarita A	Kore			ADDRESS11		Street			
2 7	EXAMINE (TYPE OR 30. BURIAL, CRE (SPECIFY)	er's name print)Ma mation,removal	23b. DATE	23c. N	AME OF CEM	ETERY OF	RCREMATORY	23d. LOC	ATION	e. Marul	Yand s	TATE
	EXAMINE (TYPE OR	er's name PRINT) Ma MATION, REMOVAL A1		23c. N	AME OF CEM	ETERY OF	CREMATORY t Jesus	23d. LOC			ana	TATE

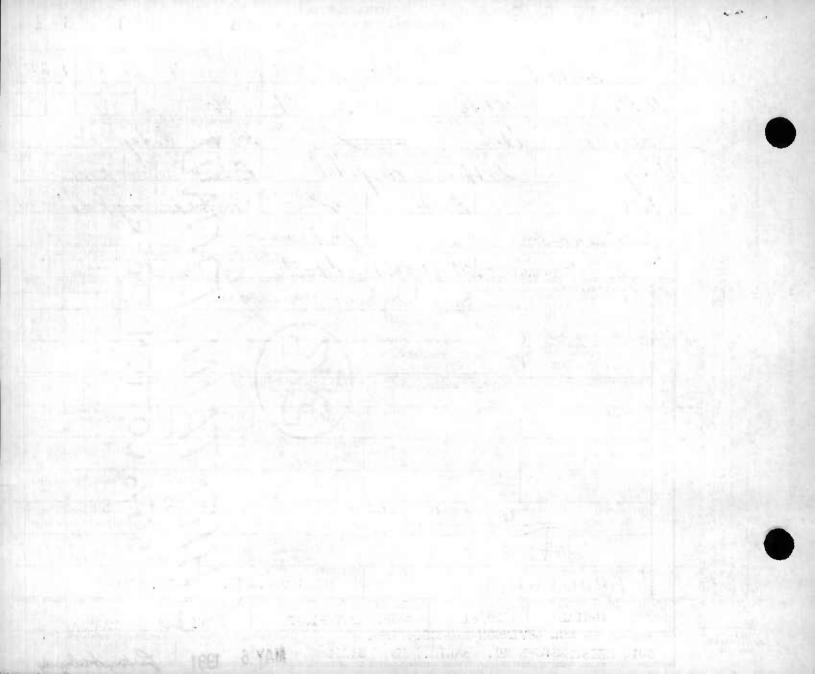
1-0-A-0

The Pasition of the Pasition o

	1	Y.	tem 6 g554 4/15 FOR STATE	/81 gj	DEPARTA	STAT	E OF MARYLAND EALTH AND MENTAL	HYGIENE 8		1 (O C	8 1
	1		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.		
m.s	/		CEASED NAME FIRST	MIDI	DLE	L	AST	20 DAT		MONTH D	AY YEAR	26 HOUR
be oge 3 death				OTHIA MO	ORGAN					04-03	3-81	3:55pm
E C	/	3. SE	X	4 RACE		5. DATE C			(IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
- 36e	X		Female	Negr	0	12	31 02	1	72 78	YRS.	MING DATA	HOURS MIN.
The W	Dy.		RTHPLACE STATE OR FOREIGN COUNTRY) S.C.	76 CITIZEN OF WE		8. MARRIEI WIDOWE	D NEVER MARRIED	, '_	MORECITY O Balti			MD
rs offer of	1]	Baltimore	Church	Home	Hosp.	or other institution		JAL OCCUPATI WORK FOR MOST C	ON	12b. KIND O	OF BUSINESS OR
AND 212 Tilted in fould be	ed S	13a S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIV	E RESIDENCE BEFORE C. CITY OR TOW Baltim	ADMISSION)	13d Inside City Limit Yes 🛣 no 🗌		EET ADDRESS	wego	Avenu	e
MARYL, ed within ompletely and 2 sh	300	14. FA	ATHER'S NAME Adolphus	WIDDLE	Robins	on	15. MOTHER'S MAIDER FIRST Emma	NAME	WIDDLE		LAS	
Security of contract of contra	medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE			
FIMC be e	e l	L Ì	No	or or or or or	N/A		Ethel Ab	raham	2535	Osweg	o Ave	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file on the purial-transit permit.	ta burial, crematian, ar njury, or ather troumatic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse tost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A	S A CONSEQUE S A CONSEQUE TRIBUTING TO D	NCE OF	NOT RELATED TO THE	TERMIN AL DIS	ease or cont	DITION GIVE	V IN PART 110	5
AL RECOR	shaws ony i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIC	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	IGS USED OF DEATH?
N OF VIT SKCIAN: 1 ng physic certificate certificate	or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. P.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OC	CURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PAR	T T OR PART 2)	
DIVISION ING PHYSI r attending After this ce to sthe buri	ooth ond A	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM. ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ATTENDIII sspitol or ECTOR: A d for use	n 21 is ma		220.1 certify that (I) (this hosping sow the deceased plive on above, (I) (via) (aid) (did no			-	d that in (my) (U) opi		04=03-			that (I we lost
TAL OR by the hc	NT. If he		126 SIGNATURE UN OL	20 lu	rola	X .	DEGREE ATTENDIN PHYSICIA	N DIRECT	OR PHYSIC	IAN	22c. DAT	3/81
TO HOSPITAL etained by the should be detailed.	With the State		DR. IMPAGLI	ATELLI W	VALKER	1	22e. ADDRESS CHU	Н	OSPITA Y BALT		PORAT	YLAND3
5 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g	3 3	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATO	ORY 23d. L	OCATION			
13 BP		(SPECIFY) Burial	4/9/81			more Cem.		Baltim		COUNTY	STATE
DHMH - 16 50M			INERAL DIRECTOR				250.	DATE REC'D.	BY REGISTRAR	256. RE 119	PS Sygue	Parole
(VRA 15, 4)	Wr	n. C. March H	F/H 110	1 E. N	orth	Ave	APR O	1981	beal	7	



6		#8, FilmG555 5/1	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 0 0 8
P		REGISTRAR DECEASED NAME TYPE OR PRINTI	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOL
page 3		SEX	A RACE S. DATE OF BIRTH	4 28 81 1=0 6 AGE (IN YEARS (ASI BIRTHOAY) IF UNDER 1 YEAR IF UNDER
tor, offe		Mole	White HONSH 23 04	77 YRS. MONTHS DAYS HOURS
death. Page uneral direction 72 hours	5	BIRTHPLACE MARY LAND	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED D	Baltimore CITY OR COUNTY OF DEATH
by the furth led with	2/2	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE) F WORK FOR MOST OF WORKING (1FE) INDUSTRY STAT
24 hours	3	MAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION JNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES TO NO	130 STREET ADDRESS 11 W. 20TH ST.
mpletely fond 2 sho		FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NO	MIDDLE
+ 0	_	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT MOR	MAMIE WEINBERG TON MORRISODRESS 603 GLENROCK RD
on and c	/		MARINES 318-01-5661 XXXXXXX	BALTO., MD 21208
requires that the signed by the Then please report to burial, crent injury, or other			OUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
ion. hos ber the permit	9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO NO
PHYSICIAN: T ending physici this certificate te buriol-transi ad Mental Hygi d or Item 18 sh	18	00.00	EATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
attendin ter this is the bu hand Me		(IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 216. LOCATION STREET	CITY OR TOWN COUNTY S
hospital or RECTOR: Af red for use o ppt. of Health		sow the deceased alive or	oital) attended the deceased from, 19, and that in (my) (our) opinion on view the body after death.	, to 19 %, that (I) (v
the histoche re Dep		27b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 4 4 28
A Se			les impartes	
retained by TO FUNERA should be do with the Stor		ARUNK	ORPRINT) UMAR. 122e ADDRESS LUTHERAN	HOSP BALTO., MD



attended to the second of the Portarious sales estates the sales estates est APRICA MARKET STATE APRICA MARKET MARKET APRICA APRICA APRICA APRICA MARKET APRICA APR - STATE

REGISTRAR

HALTO CITY 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bob Rail roa 13e STREET ADDRESS MIDDLE 705-09-5012 William W. Morris Same as 13 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in(my) our) opinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED STAFF MEDICAL DIRECTOR PHYSICIAN HOSPITAL Aberdeen, Md. STATE Burial 24 Apr. 81 Bakers Cemetery Schimunek Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR 21213 A 3331 Brehms LaNe -Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

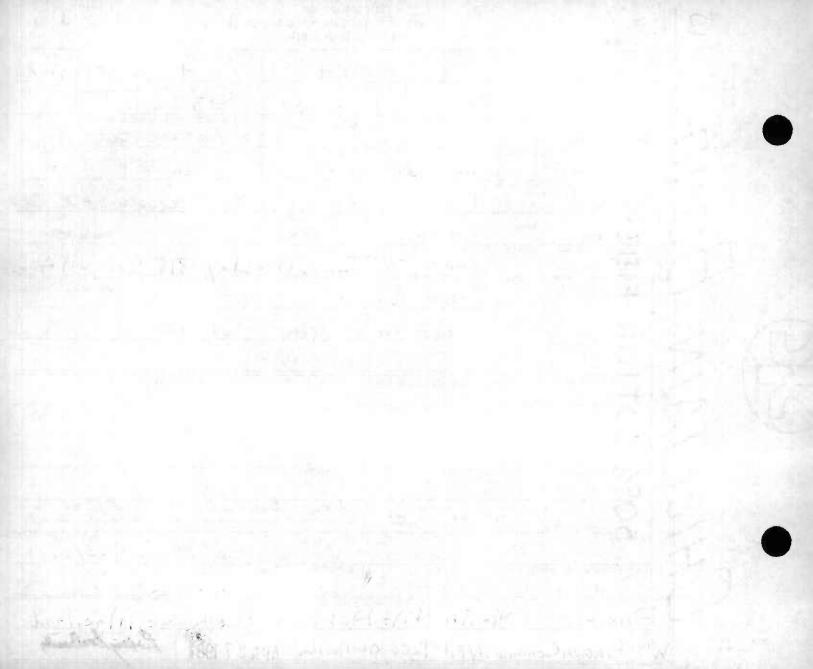
REG. NO

7h HOUR

DHMH - 16 50M 1/81 (VRA 15, 4)

Charles a result of the control of

3	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	0 0 8 5
. m.£	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be poge 3 rer death		CHRISTING		MOSLEY	4- 2	0-81 400 AM
4 000	3. SE	F	4 RACE B	5. DATE OF BIRTH MONTH DAY START	6. AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	MONTHS DATS HOURS MIN.
eh.	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT S. BALTIMORE	Y OF DEATH City_MD.
offer office	10. C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS) AOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY
24 hau filled in ould be	USU 130.	AL RESIDENCE (IF NURSING HOME OF PALTIMOLE 13b. COUT	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	IL AUE.
> = D = D		THER'S NAME JAMES	MIDDLE 3MM	15. MOTHER'S MAIDEN N.	MIDDLE	Suon bou
ficate be executed physician and comp popers. Pages I amoval.		VAS DECEASED EVER IN U.S. AF YES, NO OBUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 106 WAR OR DATES) 216-30-	145 James M	ADDRESS	Seagull Ave
requires that the death certificate in signed by the attending physici. Then please remove carbon paper into burial, cremation, or removal, injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	STATIC BLEAST	CAWCER MINAL DISEASE OR CONDITION G	IVEN IN PART You
bos ber permit permit	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
CLAN: 3 phys entifico ol-tron ntol Hy em 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DING PHYSIC or offending After this cer e as the burio alth and Ment marked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	21f LOCATION	CITY OR TOWN	COUNTY STATE
pitol opitol of potol of tor use of Hec		sow the deceased alive or	oitol) ottended the deceosed from n 19_10t) view the body ofter death.	21	n death occurred on the date and ha	y, 19 , that (II (we) lost our and from the couses stated 22c. DATE SIGNED
HOSPITAL OR A ined by the hos FUNERAL DIRECT UNIT be detoched in the Stote Dept.		220. PHYSICIAN'S NAME (TYPE	J. Howas	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	- 4/20/81
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detored with the Store DIMPORTANT: If	230	SANDOU BURIAL CREMATION, REMOVAL	C. HOWARD	NAME OF CEMETERY OF CREMATORY	23d LOCATION	54.
BP		UNERAL DIRECTOR	1 230 DATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N7 Auburn	BALL MORE ATE REC'D. BY REGISTRAR 256, RE-	ARTAND SIAN
DHMH-16 30M 2/B0 (VRA 15, 4)	h	I'M HAME	mmunity F.H ADDA 3	m/ m/10 11 -	PR 2 7 1981	May Mallandy

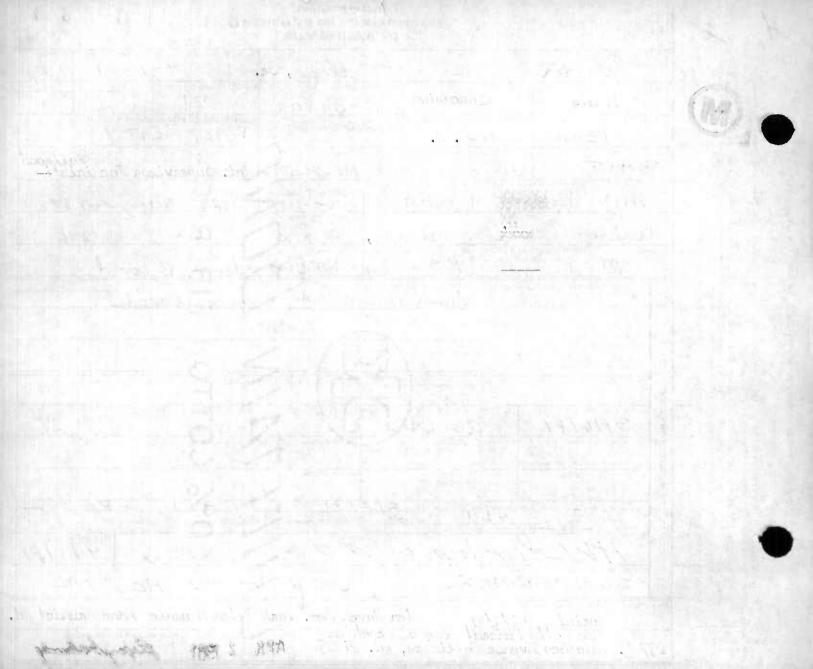


DIVISION OF VITAL RECOKDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the luneral durant should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled thin 72 haus after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical examiner must be nowled at once
--	---	---	--

	STATE OF MARTLAND	12 /2 /
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	0 6 6
STATE REGISTRAR	CERTIFICATE OF DEATH	
		YEAR 26 HOUR
CORORATI A		81 1235
FEMALE	CAUC. ONTH DAY 189 16. AGE (INYEARS LAST BIRTHDAY) 181	UNDER LYEAR IF UNDER 2
IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	FDEATH
MARYLAND	USA WIDOWED DIVORCED CITY	
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINES
ALTIMORE	130. BALID, GEN HOSP HOUSEWIFE	Own How
AL RESIDENCE (IF NURSING HOME OF	INTY 136 CHY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS.	
MD IANN	ETRUNDAL GLEN BURME YES B NO 1 304 WELLHA	M CT.
ATHER'S NAME	15. MOTHER'S MAIDEN NAME	0.4
ELIJAH	A CARMEAN MARIAH E,	PARSONS
	0.11 00 00.15	0
NO -	214 22 6944 LUCILLE LINSENMEYER	SAME
18. CAUSE OF DEATH (Enter or	nly one couse peglige for (a), (b), and (d)	APPROXIMATE INTER
		5 min
4,600		1. 10
Conditions, if ony, which	Arferioscientic Caranovascular cho	10 ms
gove rise to immediate couse (a), stating the		1
underlying couse lost.	(Ir)	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
Chronic	e renal tailure.	
19a. DATE OF OPERATION		VERE FINDINGS USED
	YES NO YES	
210. ACCIDENT WAS UNDERLYING	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE.		
	R) P.M. 19	
(IF EITHER, NOTIFY MEDICAL EXAMINE)	21e. PLACE OF INJURY 21L LOCATION	COUNTY
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE		COUNTY S
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	01
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (MIS has	216. PLACE OF INJURY (14T HOME, STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN 110. PLACE OF INJURY (14T HOME, STREET) CITY OR TOWN 110. PLACE OF INJURY (14T HOME) 110. P	81_, that (1)
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (MIS has	210. PLACE OF INJURY 111 LOCATION STREET CITY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OFFICE FARM, ETC.) 212. PLACE OF INJURY CITY OF TOWN 213. PLACE OF INJURY CITY OF TOWN 214. PLACE OF INJURY CITY OF TOWN 215. PLACE OF INJURY CITY OF TOWN 216. PLACE OF INJURY CITY OF TOWN 217. PLACE OF INJURY CITY OF TOWN 218. PLACE OF INJURY CITY OF TOWN 219. PLACE OF INJURY CITY OF TOWN 210. PLACE OF INJURY CITY OF TOWN 211. LOCATION 211. LOCATION 211. LOCATION 212. PLACE OF INJURY CITY OF TOWN 212. PLACE OF INJURY CITY OF TOWN 213. PLACE OF INJURY CITY OF TOWN 214. PLACE OF INJURY CITY OF TOWN 215. PLACE OF INJURY CITY OF TOWN 216. PLACE OF INJURY CITY OF TOWN 217. PLACE OF INJURY CITY OF TOWN 218. PLACE OF INJURY CITY OF TOWN 219. PLACE OF INJURY CITY OF TOWN	that (1) and I ram the causes sta
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (MIS has	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN 19	81_, that (1)
(IF EITHER, NOTIFY MEDICAL EXAMINE) 71d. IN JURY OCCURRED WHILE OF MAN TO WHILE AT WORK 27a. I certify that (I) (H.S. haso ow the decreased alive or ologe, (I) (Mar. did) (did no. 22l. SIGN ATURE	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN 19	, that (I) ond I ram the causes sta
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHIE NOT WHIE AT WORK 22d. I certify that (I) (Mis haso say the decosed alive on ology, (I) (May did) (did no 22t. SIGNATURE 22d. PHYSICIAN'S NAME (Nec	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN 19. 19. 19. 19. 19. 19. 19. 19	, that (I) ond I ram the causes sta
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (MIS haso saw the deeposed alive on a page. (1) (A) did not 22! SIGNATURE 27d. PHYSICIAN'S NAME I ME	218. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN CITY OR TOWN 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	that (1) ond 1 ram the causes sta
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHIE NOT WHIE AT WORK 22d. I certify that (I) (Mis haso say the decosed alive on ology, (I) (May did) (did no 22t. SIGNATURE 22d. PHYSICIAN'S NAME (Nec	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN 19.	that (1) and 1 ram the causes sto
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (MIS haso saw the deeposed alive on a page. (1) (A) did not 22! SIGNATURE 27d. PHYSICIAN'S NAME I ME	218. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN CITY OR TOWN 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	All, that (1) and Irom the couses sto 22c. DATE SIGNED H/9/81
S S S	EX FEMALE SIRTHPLACE (STATE OR POREIGN COUNTY OR TOWN OF DEATH ALTIMORE JALES IDENCE (IF NURSING HOME E STATE ALTIMORE JALES IDENCE (IF NURSING HOME E STATE ALTIMORE ATHER'S NAME ELITAH WAS DECEASED EVER IN U.S. A (IF YES, G) 18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUS IMMEDIA CONDITIONS, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	ECASED NAME PIRST MADDE CORPRINT ANNIE GORGEN MOUNT EX FEMALE CAUC. STATE OF FOREIGN PROTECTION OF WHAT COUNTRY? BUT ANNIE CONTRIBUTION OF BALTIMORE CITY OR COUNTRY OF WILD AND COUNTRY

William to the second of the s AND THE PARTY OF A CONTROL OF THE PARTY OF T - De Manuelle (355) Burns 443 8 Parsons Sallsburg Paralant The man Towns Something was APR 15 1981 Language

N 4 10 G 1 Ar Same			
1	Essi es es	53 Lri	play .
(3 th executive)		.1.8.4	Peuno.
Team; Tailed		Aureli Hoga	anced 3188
1301 prompting they. Times	A Parent	2.4 2.6	tarry Lead
Aplanta Aplanta	a 2 3,016	Ī	LOUI LION
offd 1705 Proceeding Ary. 212.4	an reason 1014-	J- 01 (- 1-c-c	٤
Laitimore Md.) - JUENSIEUS		12 11
Landard Bush	+2.1b	va stabing cool ta	wheet mangers

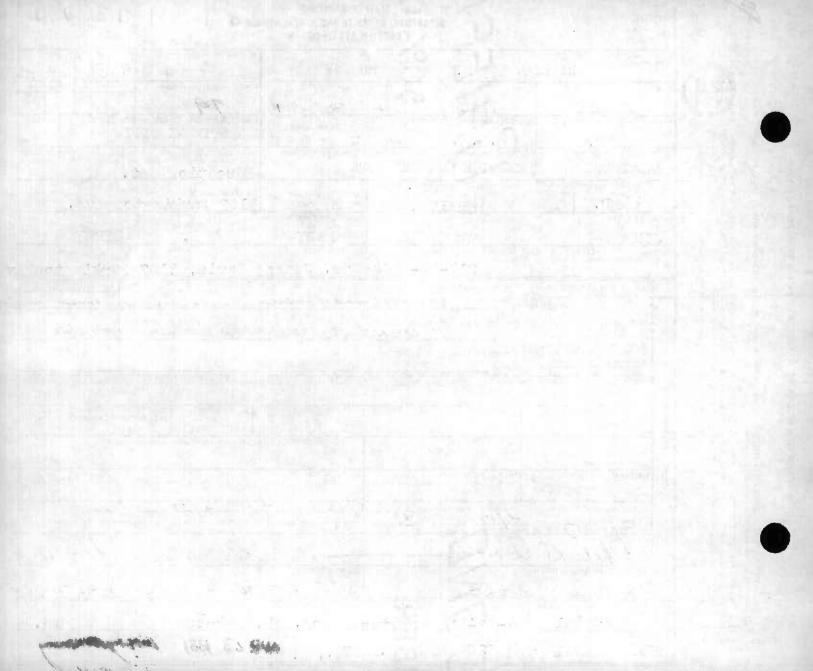


.velt econicia manestar government no beauti all all profit forms to dented (week) Street Lynnes . Jennes the property and Wil 2 21 - H - 9407 Beatrice wordy 72 kurdock In. 21742

17 14 AUG 27 8 17 25 13 49 16 21

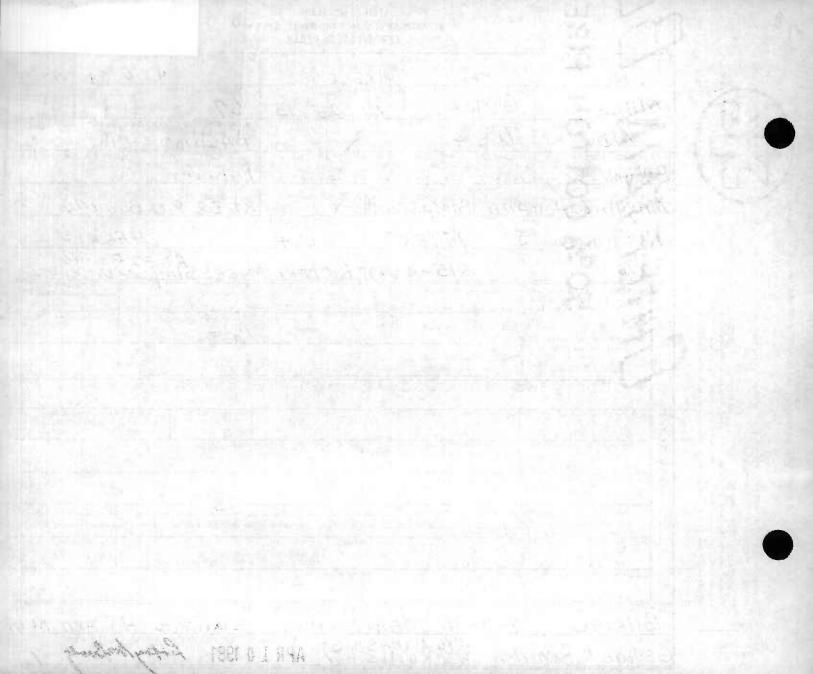
.onl. ,andon Income, And.

Const Funces! Inc. Settlmore, Md.

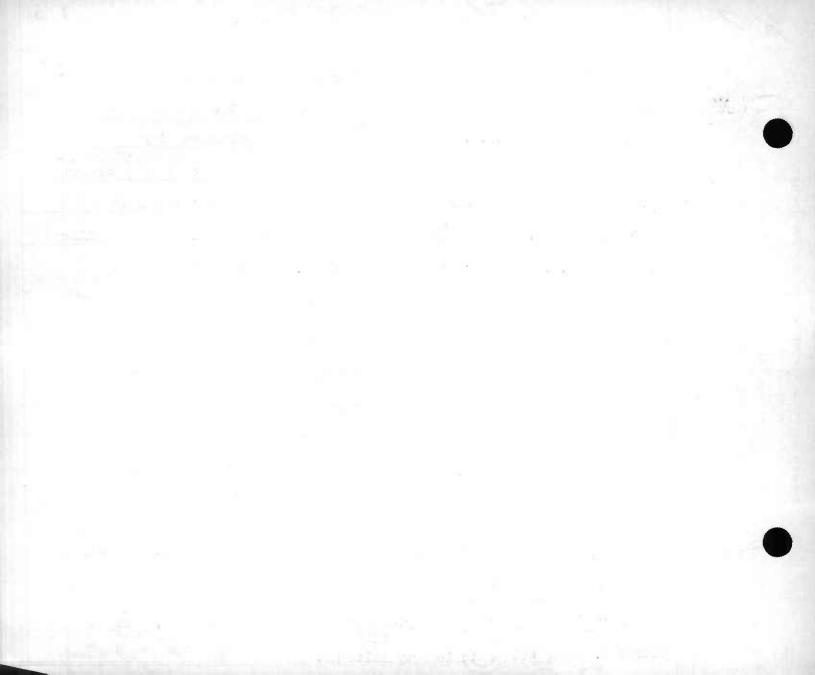


Some time nort failur CHEST THE CONTRACTOR SELECTION Muselfulty test MARY BEITY STEVERS NO

	man of the		
18.25 V	2×3¥	Charling	
			•
		Line Control	
A CONTRACTOR OF			
gonesia a	o make	The state of the s	
a de promision			
1831 Shipphilia			

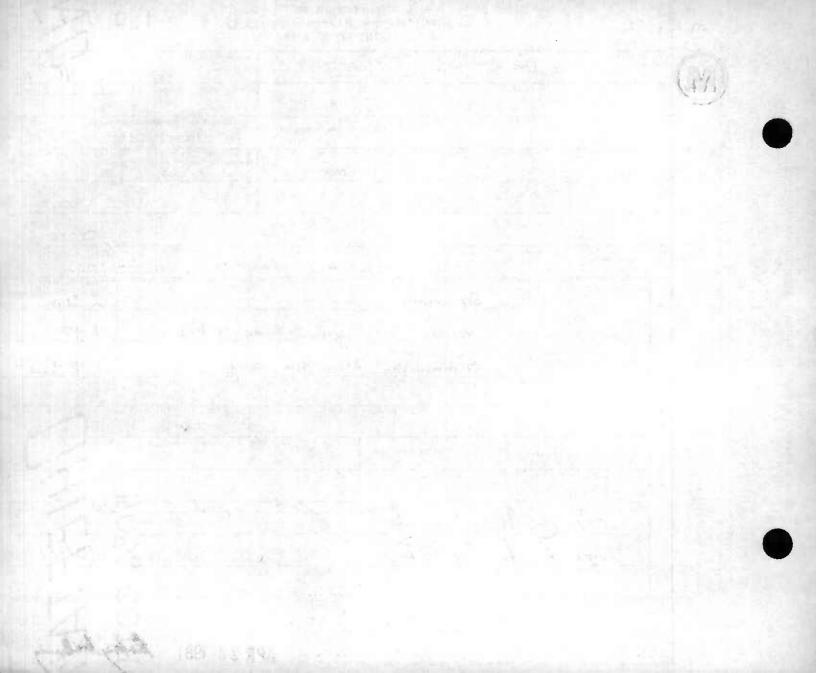


FOR



	1-	FOR DEPARTMENT OF HEALTH AND STATE REGISTRAR CERTIFICATE OF I	MENTAL HYGIENE 8	REG. NO.	0 9 6
by the deep deep 3	(TYPE	EASED NAME FIRST MIDDLE R. LAST LAST LAST	20. DATE OF	DEATH MONTH DA	II:D SAM
- vector	I SE	1. RACE 4. RACE 5. DATE OF BIRTH MONTH DAY THELACE 1. LACE	93 85		UNDER I YEAR IF UNDER 24 HRS INTHS DAYS HOURS MIN.
office death	10. CI	MARRIED NEVER. WIDOWED D Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS NENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	VORCED 12a USUAL	OCCUPATION FOR MOST OF WORKING LIFE	MD. 126. KIND OF BUSINESS OR INDUSTRY
AND 21201 24 hours of filled in by 11 tould be filed in the filed in	USU/ 13a. S	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE MESTERNE BEFORE ADMISSION) ATE 136 COUNTY 136 COUNTY 136 CIVEN TOWN 136 INSIDE COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 CIVEN TOWN 137 CIVEN TOWN 137 CIVEN TOWN 137 CIVEN TOWN 138			DLE STREET
E, MARYL, cuted within completely is 1 and 2 shad of examine		GEORGE NAILL	FIRST KNOW	ADDRESS	LAST
be execu-		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM THE STATE OF THE STATE	ELDON CO	K	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rotending physicion. Wher this certificate has been signed by the ottending physicion and completely filled in by as the burial-transit permit. Then please remove corban papers: Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Orked or them 18 shows any injury, or other traumatic event, the medical examiner must be fill to be a second or them.	NO	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Septicemin 4 Statement of the couse (b) Septicemin 5 Statement of the couse (c) Septicemin 6 Statement of the couse (c) Septicemin 8 Statement	TO THE TERMINAL DISEAS	E OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECOR	CERTIFICATION	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTO	PSY? 206. IF YES, YES	WERE FINDINGS USED NG CAUSES OF DEATH?
HYSICIAN: nding physic nois certificat burial-tront if Mentol Hyg or Item 18 s	MEDICAL CE	216. ACCIDENT WAS UNDERLYTING TO CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POINTERLY INDIFFERENCE AND AND AND THE CONTRIBUTION TO CONTR	JURY OCCURRED (ENTER NA	ture of injury in item 18, par	() OR PART 2)
DIVISIG DIVISION PH or oftend or oftend seas the le eolth ond	ME	WHILE NOT WHILE AT WORK AT WORK AT WORK		CITY OR TOWN	COUNTY STATE
TTEN portal TOR: for us of He		27a.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on	our) opinion death accurre		nd from the couses stoted
- U -				STAFF PHYSICIAN	TS BIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State		Winston Hugh Williams ms (10	304 fewn		
833BP	(BURIAL 4-7-81 BALTIMORE	VATIL CEM. B.	ALTIMOPS	BAUTIMORE MO
DHMH-16 30M 2/80 (VRA 15, 4)	N	cholas T. Matthews, 3020 Eastern Av	APR 08	1981	- Comment

The state of the s



IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumatic event, the

6	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 REG. NO.	0098
11		CE ASED NAME - FRST	MODLE	V.	760	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(1176	LILLIA	AN A	NE	LSON	4/4/87	332 M
	I SE	X	4 RACE	5. DATE C	or omeni	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
25		Female	White	7	17 02	78 YRS.	MONTHS DAYS HOURS MIN.
X	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY OR COUNT	Y OF DEATH
	N	laryland	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	BACTIMORS	ecty MD
1		TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR/OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINES OR
20	3	ALTUNORE	(IF NOT IN SUCH FACIL	TY, GIVE STREET ADDRESS)	MARTIMORE	Housewife	INDUSTRY (
	JUSU	AL RESIDENCE (IF NURSING HOME OF					21230
35		laryland 136. COUN		Baltimore	134. INSIDE CITY LIMITS?	872 Connol1 Ch	reet Balto., Md.
_	-	THER'S NAME		Jare Inforc	15. MOTHER'S MAIDEN NAM		reet parto., Md.
-		_F(RCT	WIDDLE	LAST	cine+	WIDDFE	(AST
	16n V	August VAS DECEASED EVER IN U.S. AR	MED FORCES? TAN S	Harvey	Sophia	Box ^{DD} 3年7	Ro11man 17754
1			E WAR OR DATES)	19-28-7072			rsville, Penna.
	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CRAFT OF OPERATION	DUE TO, OR AS A (c) CONDITIONS CONTRI	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BUT	ON RELATED TO THE TERMIN	20a AUTOPSY? 20b. IF YI	7
7	CERTIF	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	JRY MODER DAY YEAR	21c HOW INJURY OCCURRE		(ES NO
9	CAL	OR CONTRIBUTING CAUSE OF DEA	in .	19			
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY ONLY T TARRY (1)C (211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this haspi	tal) attended the deci	eased from 1000	612 A 69 18	, ta	. 19, that (I) (we) last
la cons		saw the deceased alive an abave, (1) (we) (did) (did na	t) view the hady after	death 19a	nd that in (my) (aur) opinian de	eath accurred an the date and ha	our and fram the causes stated
		27b. SIGNATURE	20 me	ngel	ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	171: DATE SIGNED
		220. PHYSICIAIN S INAME TO S		2000	122 SOUT	G- GREAT	5 5/1
1		INNIEL	wor		1 3A	~ I, MORE	ND
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4/7/81		Park Cemetery	Baltimore	COUNTY Mary land

DHMH-16 30M 2/80 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

Baltimore, Md. 21229

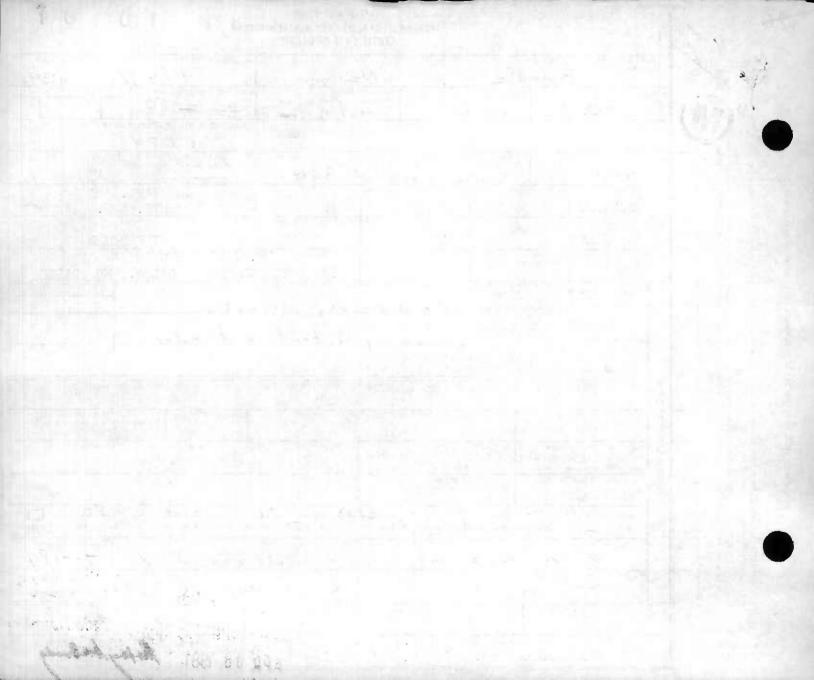
APR 6 1981

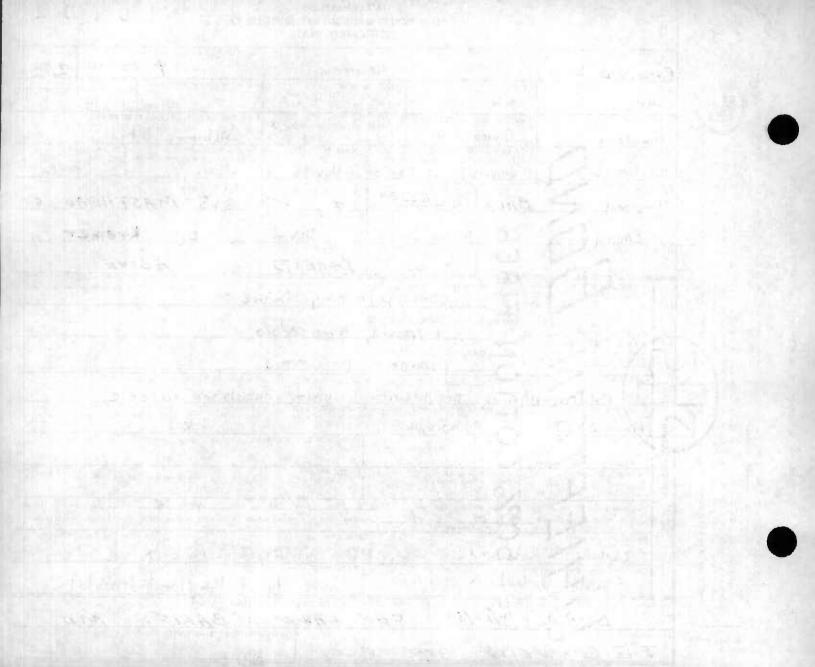
. Compared to the contract of in the sale mederal first actual The state of the s

						MARYLAND			.004	m Ma	1
2	h	FOR STATE		DEPARTMENT OF			13		0	0 7	7
. 0	L	REGISTRAR	MEI	DICAL EXAMIN	IER'S C	CERTIFICATE O	OF DEATH	REG. NO			
		ECEASED NAME FIRST YPE OR PRINT)		MIDDLE		LAST	2a. DATE OF	KNOWN [HTMOM	DAY YEAR	
STREET		EDWA	RD	W.	NE	ESS Jr.		MATED X	4	28 19 8	1 M
7	3. S	EX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDER		E	HTMOM	DAY YEAR	110.6
3		ale white	7 7		RS. MONT	HS DAYS HOURS	MIN: PRONOL	D	4	29 19 8	1 10:5.
3.5	点	BIRTHPLACE (STATE OR	76. CITIZEN OF WE	HAT COUNTRY?	18	IED T NEVER HARD	9. BALTI	MORE CITY OF	COUNT		
3		Md.	U.S.	Δ	WIDOW	IED NEVER MARRI		timore	City	,	
	10.	CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL NURSING HOM			120. USUAL OCCI			126 KIND OF B	
SE		Baltimore	(IF NOT IN SUCH FA	CILITY GIVE STREET ADDRESS) ACKEWIN AVE			Roofe			OR INDUS	
-	US	JAL RESIDENCE (IF IN NURSING HOM					ROOTE	EVE	ereq	t Roof	ers
1		STATE _ 1136 COU		13c CITY OR TOWN	,	13d INSIDE CITY LIMITS?	13. STREET ADDE		-		
	> _	Md		Balto.		YES: NO		c Kewi	n A	ve.	
-	14.	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE		LAST	
4	9_	Edward	W.	Ness Sr.		Nelli	.e			Smi	th
1	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT		17. INFORMANT		ADDRESS			
1		no		217-26-4	1351	Glenn E	. Ness	4408	lenr	more A	ve.
		18 CAUSE OF DEATH (Enter of									ATE INTERVAL
į	1	PART I DEATH WAS CAUS	ATE CAUSE (0) Ar	terioscler	otic	cardiovasc	ular dise	ease		BETWEEN ON.	JET AND DEATH
30-I		4292		AS A CONSEQUENCE	OF						
CREMATION, OR REMOVAL.		Conditions, if ony, which								100	
OR		gave rise to immedia: couse (o) stating the unde		AS A CONSEQUENCE	OF					1	10.00
Ž		lying cause lost.									
?		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT HOT RELATED TO THE TERM	AINAL DISEAS	F OR COHOITION GIVEN IN PA	PT 1 (n)				
	Z		Value of the second			2 0 7 CQ 110 11 0 11 C1 11 1 1 1 1					
-	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH OPER	RATION W	'AS PERFORMED?				20 AUTOPS	Y?
000	- 5	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	21, 14	OW INJURY OCCURRE	O SOUTH A STATE OF	ALIHADA INT ITEM 10 B	* DY 1 OR 0 + D	YES [NO X
-	3 0	UNDERLYING OR CONTRIBUTING CAUSE OF		. MONTH DAY YEA		O TO INJURY OCCURRE	D (FUIER HAIDRE OF)	NAME OF THE PARTY	ANT TORPAR	11 21	
5	MEDICAL	CONTRIBUTING CAUSE OF		DF INJURY (AT HOME,	216 / 0	CATION					
	2 2	WHILE NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		CATION	CITY OR T	OWN	cou	INTY	STATE
		AT WORK AT WORK									
5,		22a. I certify that I took cho	rge of the remoins des	cribed above, held on	Autop	sy . Inspection	n X. Inquir	and	in my ap	inian	
Ŝ			und rouse XX		oicide 🔲	, Hamicide	Undetermined n		,		
MARYLAND, 21201 PRIOR TO BURIAL, CREM		1/7	Pan			TITLE (SPECIFY)					
3		ACTUAL SIGNATURE	Dua	w	44	.p. Assistan	+ MEDICAL EXA	MINIED	DATE	4-29-	81
SE	5	JOHATORE /							SIGNEL		
BALTIMORE, M	4	EXAMINER'S NAME HO	rmez R. Gu	Jard, M.D.		ADDRESS111	Penn St.	MES.			
BAI	230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE			23d. LOCATION				
		(SPECIFY) Burial	5-1-81	Parkwo			Balto		COUN	Md	STATE
-	24	FUNERAL DIRECTOR			Jou C	25a. DATE I	REC'D. BY REGISTR		TRAR'S SI		
3)		John C. Mille	ADDRESS		r D	MANV		from	Agri	74Berry	4
5,,		comi c. witte	TIIC. O	ATO DETGI	TT KC	٨.			/		

Dispute against to a ter south . Inners Anderse and

45 1 10 11 13





RICE FSPA 1300°Eutaw Pl.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

FIRST

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

7b HOUR

HOURS.

KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

STATE

STATE

4:05P

81

Hill i

COUNTY

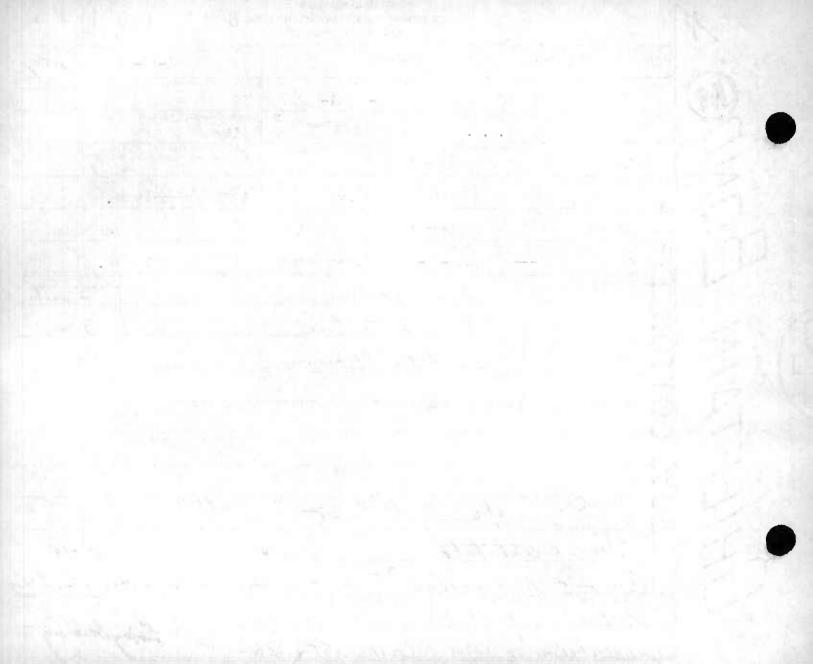
COUNTY

22c. DATE SIGNED

2n DATE OF DEATH

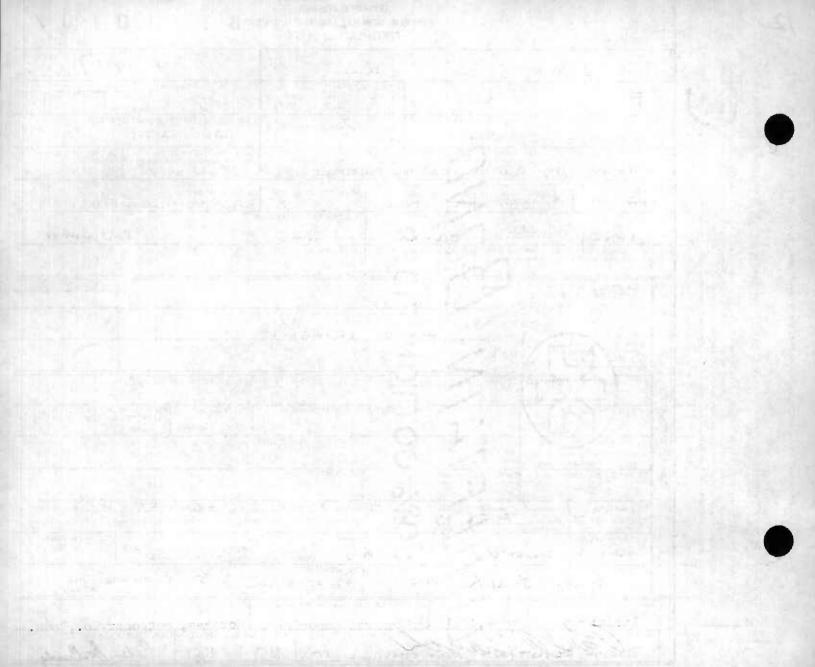
Aug C Tenys ret . 181 18-75-1 1e hand

	to all the country of	
(March 16" 1,87 Ltd. March 16")		
	Tent is making a difficulty and	
	Tanadaux III use to be occupied to the	
and the same of th	punda quel con-tr-ec de la	
District Annual Section	to the sine of the	
20 2/2 2/4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	네트레팅 항공에는 Special II 보고 그런 비슨 (1)에 11일 1일	
	and and the second seco	

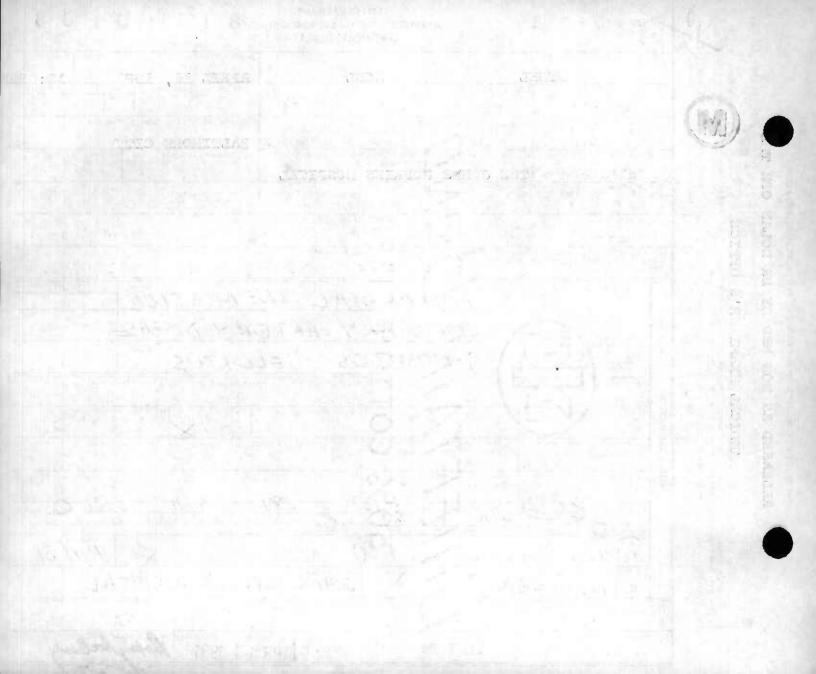


/ / LTI CRE CITY
LTI CRE CITY and and father the wife

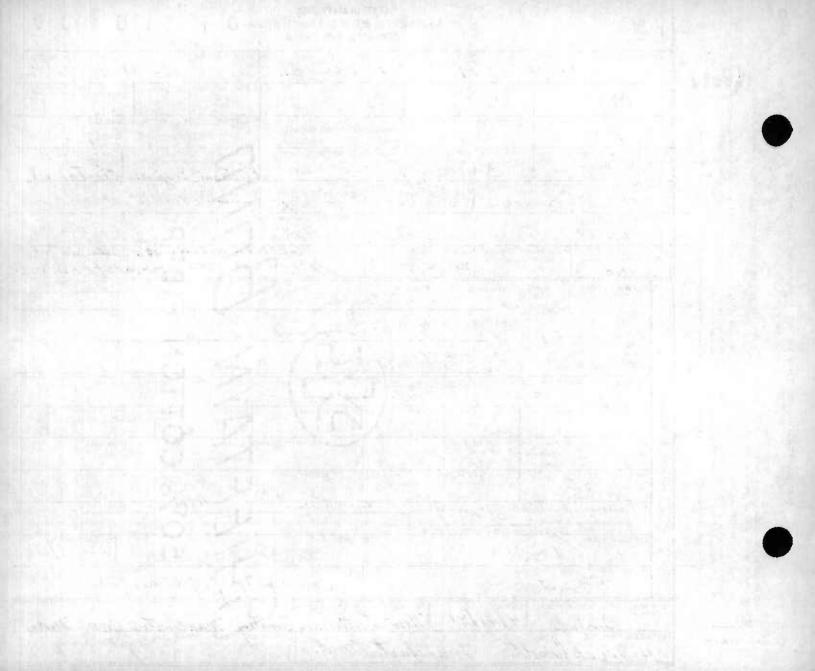
2		١,	FOR		DEPAI		OF MARYLAND EALTH AND MENTAL I	HYGIENE 8	1	0 i	0	7
			STATE REGISTRAR			CERTIF	CATE OF DEATH	REG	NO.			
e P	0000 00000 000000000000000000000000000		OR PRINT) GRAC	E	MIDOLE		1	20. DATE OF DEATH		27 8	10.110	
je 4 moy		3. SE	· F	4. RACE		S. DATE O	F BIRTH OAY YEAR 3	6 AGE (IN YEARS LAST	BIRTHOAY) YRS.	MONTHS D		DER 24 HRS
Ooth. Pog	2 875	Ja. Bi	RTHPLACE (STATE OR FOREIGN		OF WHAT COUNTR	Y? 8. MARRIEL WIDOWE	NEVER MARRIED	_ I IIO T	OR COUNT		н	MD
on s after de	Settled within		TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NUR SUCH FACILITY, GIVE STR	SING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING		ND OF BUSIN	1110
aND 212	and blue for	130. S	AL RESIDENCE (IF NURSING HOME TATE TO Che	other instituti UNTY ester	ON, GIVE RESIDENCE BEF	NWC	138 INSIDE CITY LIMITS		S	DRIV	/E ,	THE
MARYL,	and 2 st	14. FA	STOVEY Ea	rsman	LAST CULE	man	15 MOTHER'S MAIDEN FIRST	NAME		PRITO	HAST	•
riMORE,	Pages 1		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES			17. INFORMANT	ADI	DRESS			
201 W. PR	ires that the death certifical gred by the attending physin please remove carbonpop burial, cremation, or remove ry, or other traumatic event,	No	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, DUE TO, DUE TO, (c)	OR AS A CONSEC A-C OR AS A CONSEC	QUENCE OF	LEUKEN NOT RELATED TO THE T		DNDITION G	IVEN IN PAR	RI I(o)	
AL RECOR	S e e	CERTIFICATION	190. DATE OF OPERATION	19b. COM	NDITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIT TIFYING CAL YES []	NDINGS USI USES OF DEA NO	ATH?
NOF VIT	ental H)	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	OEATH HOUR	P.M.	DAY YEAR		CURRED (ENTER NATURE OF B	JURY IN ITEM 18	3, PART 1 OR PAR	f 2)	
OIVISION O	os the but hand M	WED	WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC		21f. LOCATION STREET		TOWN	COUNT		STATE
AL OR ATTENDI	Te Do			on Aon	TL 67 19 dy after death.		ATTENDING PHYSICIAN	ion death accurred on the	TAFF	our and from	the couses s	stated
O HOSPIT	should be deto			· Into	fino mi		22. ADDRESS 22. 50. 6		BAUTI	mone	1001 mo	
BP			burial burial	-			sh Memorial	Horsham	Montg	county	o Per	STATE
DHMH-165 (VRA 1		24 FU	TO EPH BU	81+105	aucon	CHEST B		DATE REC'D. BY REGISTR MAY 1 1981	AK 256. REGI	try/	ka Chen	4



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) ETHEL NOET 1981 APRIL 11 11 . O 5/A 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR DATS 26 24 Female 57 Negro To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N.C. WIDOWED BALTIMORE CITY DIVORCED X ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL THE JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STREET ADDRESS 1003 Webb Ct. 13a. STATE 13h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stackhouse Henry Fairley Katv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 211-24-9257 Charlotte Knox 2225 Callow Ave. DR No PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BY IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON ST MED Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 IFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 I certify that this hospital ottended the deceased from 8 and that if (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DAJE SIGNED muchely ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS ld b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN Burial 4/16/81 National Laurel · · · MD Mem 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 NAMC. March F/H 1101 ERESS North Ave. (VRA 15, 4)



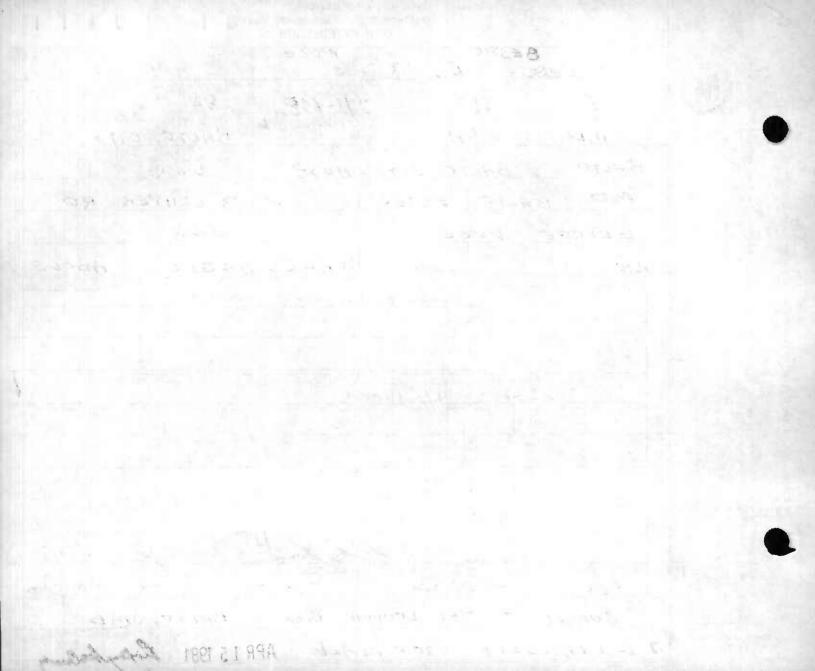
	1				STATE (OF MARYLAND		#3 1		-		14 14
	1.	FOR STATE REGISTRAR		DEPARTA		ALTH AND MEN ATE OF DEA			G, NO.	0	i	0 9
beet 3		CEASED NAME FIRST PLOSE	4	MIDDLE	NO		Je. 20	. DATE OF DEA	DL4	1P	81	26. HOUR 5
ecto, po	3. SE	M	4. RACE		5. DATE OF		42 6.	39	ST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	what country?	MARRIED WIDOWED	NEVER MAR	RRIED	BALTIMORE CI	IMM PY		/	MD
by the fulled with	10. C	BULLYOR L	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, VERT A		OTHER INSTITU	17 12 12 (T	1 1-	PATION OST OF WORKIN	G LIFE) IN	DUSTRY	F BUSINESS OR
filled in nould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE	NTY	131. CITY OR TOW HOMBS	NA II	3d. INSIDE CITY YES NO	LIMITS? 13	STREET ADDR	()		hon.	RL
ond 2 sh	14. F/	ATHER'S NAME Robert	MIDOLE	Doel	e si		sky	MIDE		Sinn	OFI	
n ond co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SECU 218-40-	1902	7. INFORMANT	GLORI Gent;	CHAR	HA HA	INPS	the S	D. md
uires that the death certificials by the attending phen please remove carbonp to burial, cremation, or remouy, or other traumatic ever	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OF DUE TO, OF (c) CONDITIONS CO	RAS A CONSEQUE	NCE OF SEATH BUT NO	neum A Their	form.		CONDITION	GIVEN IN	PART I(o	
on. hos been t permit. The ene prior t	TIFICATION	190 DATE OF OPERATION		TION FOR WHICH			D	20a AUTOPSY?	IN CE	YES, WER RTIFYING		GS USED OF DEATH?
ng physical certificate priol-tronsition (priol-tronsition) (prior) (p	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	(R) P./	M. MONTH DA M.	Y YEAR		RY OCCURRED	(ENTER NATURE O	INJURY IN ITEM	18 PART I OF	PART 2)	
of the distriction of the but the but the distriction of the districti	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY BET, FACTORY, OFFICE, FA		III. LOCATION STREET		CITY	ORTOWN	cc	DI	STATE
RECTOR: A ned for use ppt. of Heol	Č,	220. I certify that (I) (this hasp sow the deceased alive are above, (I) (we) (did) (did no	4/18	7- 19			r) opinion deo	, toth occurred on t	he date and		from the c	
NATE OF THE PROPERTY OF THE PR		22b. SIGNATURE	plan			PHY	NDING A	MEDICAL PIRECTOR PH	STAFF IYSICIAN	- 27	ZE. DATE S	18/81
etoined b		22d PHYSICIAN'S NAME LYPE	PRPRINT)			22e ADDRESS	versi	5 of M	d h	apri	hel	
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		181 m	W L	theran	amet	M. LOCATION CITY OR TOV	chest	es Cour	ev:	Ind.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	WAR Cellar	dt	manch	ester.	md.	APR	1 1981	RAR 256. REC	ISTRARS	SIGNATI	IRE



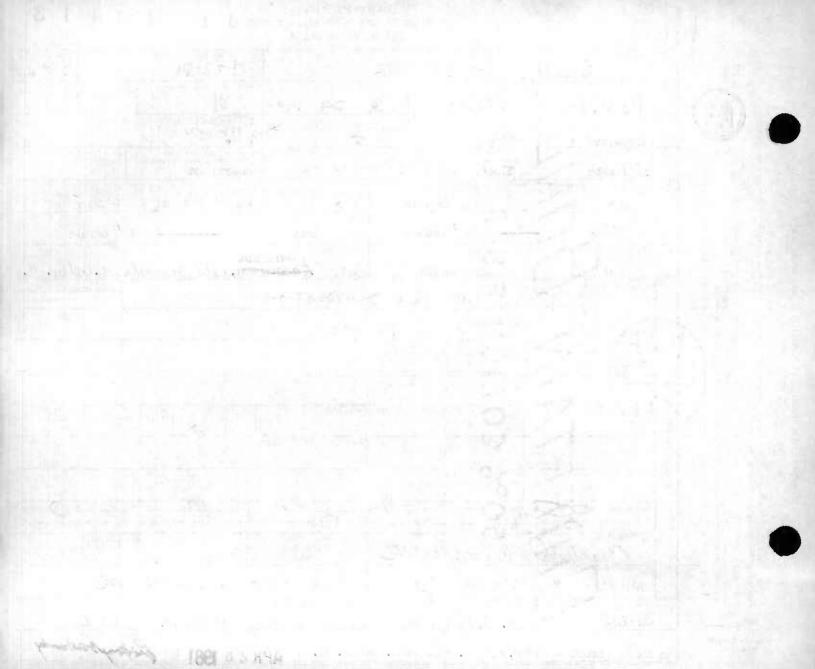
the land of the , the least the THE STATE OF THE Real state was a fitte of IS and want Marie Company and the Marie Company of the Marie Company

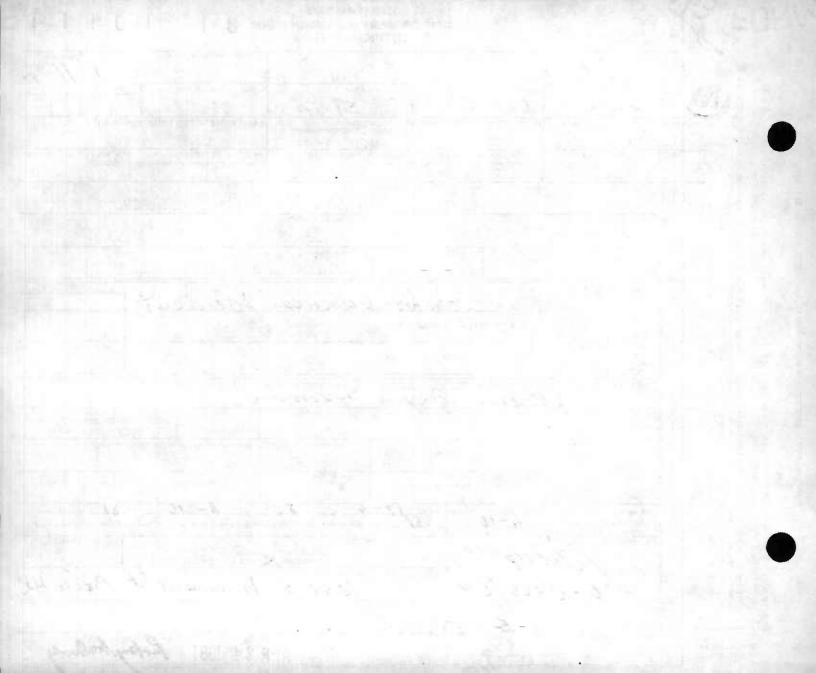
	1.	FOR - STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYC	REG. NO	101	
		CEASED NAME FIRST	QESSIE MIDDLE		LAST NUCE		MONTH DAY YEAR	26 HOUR 5
oth oth	(TYPE	OR PRINT)	oil F	7)	5-0		4 10 81	001
6	3 SE	V CON	4 RACE	SDATE	OF BIRTH	6 AGE JIN YEARS LAST BIRT	3,	IF UNDER 24 HBS
director, p	3 35	-	11/	MONI		82	MONTHS DAYS	
dire how	₩ B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	1 10		PR COUNTY OF DEATH	
72 2		OUNTRY)	(250	MARRIE		BA	2 1:76	
thin the	ID C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		120 USUAL OCCUPATI	ION 126 KIND	OF BUSINESS OR
by the filled with		BALTO.	11F NOT IN SUCH FACILITY, GIVE S		HESP	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
De fe	USU	AT DESTDENICE HE MUDEING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE			4	1	
Place To Selection	130.	STATEM D BOOK	ALTO ES	SEX	YES NO THE	13e. STREET ADDRESS	PPER RI	0
- she	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA			
030		SECREE	NUCE LAST		FIRST	UNK	LA	AST
0		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS	
medica	3	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	1	JAMES	ANGEL	AB	OLE
the the							APPROI BETWEEN	XIMATE INTERVAL ONSET AND DEATH
vent			only one couse per line for (0), (b SED BY: ATE CAUSE (0)	io Du	Luguery	crrent		
tic ev		45175	DUE TO, OR AS A CONSE		J			
troumotic		Conditions, if ony, which	(b)	OUENCE OF				
		gove rise to immediate couse to storing the	DUE TO OR AS A CONIST	COUENCE OF				
t, cren		underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF			136.07	
burial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
하하	CERTIFICATION	Die	hoter L1.	e llit	2si			•
prior	Z A	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS	
ows ows	E					YES NO	YES	NO [
Mentol Hygi	- W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
Hem Hem	¥	OR CONTRIBUTING CAUSE OF D	The state of the s	DAT TEAR				
o H	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STIFEET, FACTORY, OF	FUCE FARM STC	211 LOCATION	CITY OR TOV	WN / COUNTY	STATE
olth ond N morked or	2	WHILE NOT WHILE AT WORK	(AT HOME, SILEET, PACTOR), OF	TILE, PARM, LIC	1	`		0.77.0
S m		220-1 certify that (I) (this has	pital) attended the deceased from	om	121 18	1 to 4	10 19 8	, that (I) (we) lost
21		sow the deceased alive a	not view i've body ofter death	901	d that in (my) Jour) opinion	deoth occurred on the de	ote and hour and from the	e couses stayed
If Hem		226. SIGNATURE	//	/	DE KREE	1	/	FSIGNER
AT: IF		(0)	alon	1/8	TO MENDING	MEDICAL STAI	TANKEL CY/	10/81
the State	1	22d. PHYSICIAN'S NAME (TYPE			27e ADDRESS			
02		Adam	Blacksi-	1	150 (t	0.	ite Ho	ED ISE
IMPO -		BURIAL, CREMATION, REMOVA	AL 236 DATE		EMETERY OR CREMATORY	23d LOCATION		STATE
		BURIAL	4/14/81	Leudo	IN PARK	BALT	COUNTY D.	STATE
A 1/75		UNERAL DIRECTOR	ADDRES		250. DA		256. REGISTRAR'S SIGNA	TORE
(4))	1.7	- NAME - COMM	ELLY DO		ACE DI	DD 1 5 1001	Fish L	

STATE OF MARYLAND

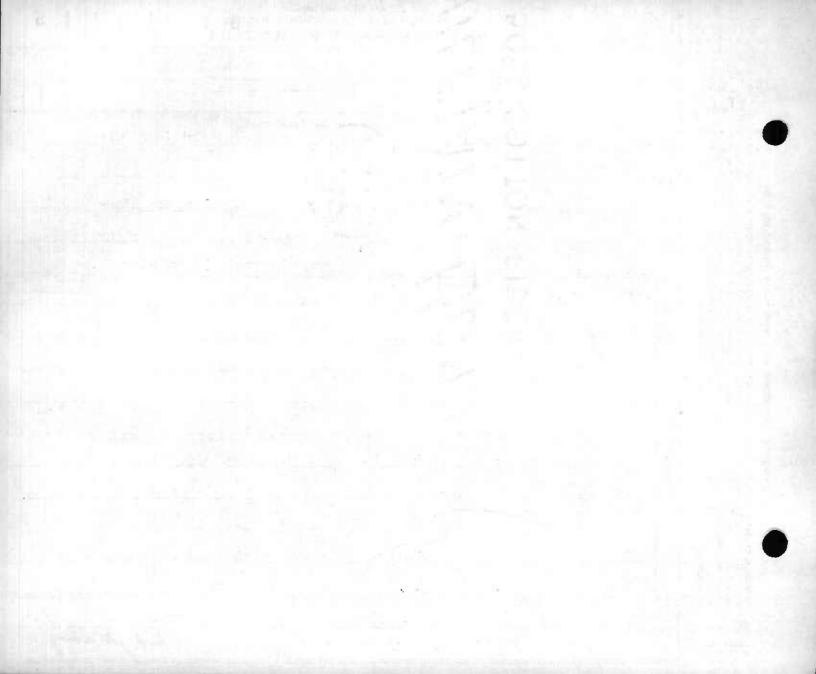


A-Francis Committee normal and -MEL sport & production of the state of the





		FOR STATE					MENT OF	HEALT		MENTAL	~			1 0	1	1	5
		REGISTRAR		- pre-	ME		EXAMI	VER'S		CATE	OF DEA	ТН	REG.	NO.			
		E OR PRINT)	FIRST			MIDDLE			LAST			2e. DATE OF	KNOWN	XX MON	TH DA	Y YEAR	2b. HOUR
H.			Brya	ant.					Odum				MATED	4	3	1981	M
3	SEX	- 4	. RACE	5. DATE	OF BIRTH		6. AGE (IN	EARS IF U	DER 1 YR.	IF UNDER		2c. DAT		MONT	H DA		2d. HOUR
	Ma	ale	Black	12		YEAR 29	LAST BIRTH	YRS. MON	HS DAYS	HOURS	MIN.	PRONOU		4	3	1981	2:00
4	7a. BII	RTHPLACE (STA	ATE OR		ZEN OF W			Le	IED STAIL	EVED 44 ADD	urn 🖂	9. BALTI	MORE CIT	Y OR COL	JNTY O		
G.		N.C.		TT	.S.A.			WIDO		EVER MARR		B	altim	ore (itv		
1		TY OR TOWN C	OF DEATH	11. NA/	ME OF HOS		IRSING HOA	E, OR OT			12a USU	JAL OCCI	JPATION (RK 12b. I	KIND OF BU	JSINESS
91	F	Baltimor	6	(IF N	Dravi	don't	HOSP!	t a l			FORA	MOST OF WO	ORKING LIFE)			OR INDUST	RY
1			IF IN NURSING HOME														
1	3a. ST		13b. COUN				Y OR TOWN	,	13d. INSIDE	-		EET ADDR					
7		_Md				Ba]	to.		YES	NO [eghan	y Pla	ace		
	14. FA	THER'S NAME FIRST		MIDDLE			LAST		15. MOTH	ER'S MAID	EN NAME		MIDDLE			LAST	
4		arlie				vant				Zetti	e			Perk:	ins		
1	6a. W		EVER IN U.S. AR	RMED FOR	RCES?		CIAL SECUR	TY NO.	17. INFOR	THAM			ADDRE	SS			
	1.6	No	(# 165,514)	2 1155 04 07					How	ard B	ryant	14	Brig	hton	St.		
F		18 CAUSE OF	DEATH (Enter of	nly one co	use per line	for (o), (b), and (c).)	171				76			T	APPROXIMAT	E INTERVAL
10950		gave rise cause (o) s lying cous	T-5c	h r- D	(b) DUE TO, OR	AS A CO	nsequence nsequence	OF									
-	CERTIFICATION	19a. DATE OF	NIFICANT CONDITIONS				WHICH OPE		118		ART 1 (a)				70	AUTOPSY	?
	IFIC		1	3 10 1												YESXX	NO 🗆
3		210 EXTERNAL UNDERLYING CONTRIBUTIN				MONTH	DAY YEA 29 19 8	AR .		y occurre					R PART 2)	1E3/CA	140 📙
	MEDICAL	21d. INJURY O	CCURRED	1	THE PLACE	OF INJURY	(AT HOME.	21f. LC	CATION					3411			
	X	WHILE AT WORK	NOT WHILE (X		house		70		egany	Place	CITY OR TO			COUNTY		Md.
		220. 1 certify death resulted ACTUAL SIGNATURE	y that Ftook shor	yral course	maints del		1000000		sy XX, Homi	Inspection icide XX. SPECIFY) LTY Ch	Undete	Inquiry ermined m	nanner [ond in my		1-3-81	
2		EXAMINER'S N (TYPE OR PRIN	IT) TTIO		O. Sm				ADDRESS_		I Per		treet				
1	(5)	Burial	ION, REMOVAL	23b. DATE 4/8/		23ε.	Mt. C				(C	cation or town clen	Burni	6	OUNTY	M	d.
		illiam	ror C. March	h F/H	1110)1 E.	North	Aven	ue	250. DATE	REC'D. BY	REGISTR.	AR 251 H	A PAR	Me	Oury	
											_	_					



SLACK Funeral Home, Ellicott City, Maryland 2104B

(VR A 15 (4))

STATE OF MARYLAND

	nes 1	no FF	Y14	
	0001.20 gG-			
will even that				. Amerika
nelso Yeslo	70.10	niam nos		HORE I SE
The art suiz backy eggs	and the part	Moderal	burroll	bealwai
	# mh	373 17		0.95
	In the same of			0
		HEN.		
THE CALLS				to the
m(-1.4.1.)	and seed not			

Pages medical

prior

entol Hygiene

18 shov

marked or Item

3	_ \	6	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 — I	0 1	17
			1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	90	1	JAME	ES HENRY	OLIVER Jr.	April 3, 1981		12 160
	OF THE	W.	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
-27	ge 4	1	Male	White	April 26, 1905	75 _{YRS}	MONTHS DAYS	HOURS MIN
	Po l dir	e / 0	70. BIRTHPLACE (SLATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	death unero	307	New York	USA	WIDOWED DIVORCED	Baltimore (Dity	M
	he fe	Fied	10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS O
0	by th	00	Baltimore	322 St. Dunst	an's Road	Professor &		ucation
AND 212	filled in	33	VISUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR		ADMISSION) N 1336. INSIDE CITY LIMITS? OPE YESX NO [113e. STREET ADDRESS	orian tan's Ro	oad
₹	thir 2 sh	niner	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM			
WA	ed wi	SDC	James	Henry Olive	r, Sr. Lucino	da MIDDLE	McGra	atty
ய	S C	0	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUE	RITY NO 17 INFORMANT	ADDRESS		

4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE McGratty Henry Oliver, Sr. Lucinda James ARMED FORCES? ADDRESS 160 WAS DECEASED EVER IN U.S. 17 INFORMANT YES NO OR LINKNOWN) 220 30 4199 Same Mrs. Janet Oliver APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: METASTATIL IMMEDIATE CAUSE OR AS A CONSEQUENCE OF CARCINEMA OF COLON Conditions, if ony, which gove rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P,M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 220.1 certify that (1) (thu hospital) attended the deceased from MRC1 sow the deceased alive on 37 MARCH and that in (my) (our) opinion death accurred on the date and hour and from the causes stated Held (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Quaker Bottom

FUNERAL DIRECTOR: After this certificate has been If Item 21 should be deto with the State [MPORTANT:

Burial

Dixon Hills, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

	3501	St.	Paul	St.,	Balto	. ,	M
231 NAME OF CEN	ETERY OR CRE	MATORY	23d LO	CATION			

Balto. County,

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md.

4/6/81

APR 6 1981

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Ahite Koril SG, 185 Land Exitio omesaidhe Bultimons F. Selmer. Lundan's Poad Promeson & Educial mai-meter -Auryland Street Street Street James Henry Wilson, Sc. Lucinda Weschatty Yes WW II 820 50 4158 Mrs. Janet Oliven Same

J. Dixan Hills, M.S. 9501 JF. P. U. St., Euro., No. 77

		OR				DEL	ADTMEN	STATE OF	MARYLA	ND	IVOIEN			1	0 1		9
	1-	STATE REGISTRAR			A			TOF HEALT							U		Q
ī	DE	EASED NAME	-	FIRST			DDLE	WIIITER 5	LAST	CAIL			REG. N		NTH DAY	YEAR	Zb. HOUR
	{TYP	OR PRINT)		RAN	DV -		В.	_	T T1753			Qr.	ESTI- MATED		1-2-		
3	. SEX		RACE		DATE OF BIE	RTH	6. AG	E (IN YEARS IF U	LIVE!	IF UNDER		c. DATE		MON	TH DAY	17 0 -	19 HO48
	ma	le	ori	enta	1 Jul.	15.1º		T BIRTHDAY) MON	THS DAYS	HOURS	MIN;	RONOUN DEAD	NCED	4	1-2-	1981	a,
1	7a. BI	RTHPLACE (ST.	TE OR		76. CITIZEN OI	F WHAT	COUNTRY?	10	DIED [] NI	EVER MARR	IED X	BALTIM	ORE CITY	OR COL	UNTY OF		700
l		hillipp	ine I	s.	USM			WIDO		DIVORC		Ba	Ltimo	ore	City	V	MD
1	0. CI	Y OR TOWN	F DEATH		11. NAME OF	HOSPITA	AL, NURSING	HOME, OR OT	HER INSTITU	JTION	12a. USU	AL OCCUI	PATION (T	YPE OF WO	ORK 12b. K	OR INDUST	SINESS
L		Baltin		-				ospita	1			isted		E		USN	
1	3a. S'		134	COUNTY	1	N, GIVE RE	COTY OR TO	ADMISSION)	13d. INSIDE	CITY LIMITS?	13e. STRE	ET ADDRE	SS				
		illippi	ne I	sland	l	I	abaco	Albay	YES X	NO 🗆	514		a Str	eet			
1	4. FA	THER'S NAME			MIDDLE		LAST			ER'S MAIDE		м	IDDLE			LAST	- 1 - 0
_	/- NA	Unknov AS DECEASED	yn	11.5 4.544		1		CURTUIN	Lu		Oli	ver	10000				
ľ	(YE	S, NO, OR UNKNOV	/N) (IF	YES, GIVE W	AR OR DATES)	1.		CURITY NO.	17. INFOR	S.	. D	01:	ADDRES	21	4 Lu	ina St	
=		Yes			Duty		47-31		Nor s	אד צ	ız B	. Ot:	ive"	racm		Taba	CO
		18 CAUSE OF PART I DE A	TH WAS	CAUSED I	ane cause per BY:	r line far N e	(a), (b), and i	njurie	s						861	APPROA MARIE	lipon
ľ		815	IN	MEDIATE	CAUSE (a)		A CONSEQU				100			8.0	-		
ı	>	Canditian			1												
ľ		gave rise cause (a) :			DUE TO.	OR AS	A CONSEQU	ENCE OF		-	-						-
ı		lying caus	e last.		(c)												
l		PART 2 OTNER SIG	NIFICANT CD	NDITIDNS CO		EATH BUT N	DT RELATED TO	TNE TERMINAL DISEA	SE DR CONOITIC	DN GIVEN IN PA	RT 1 (a).						
	NO NO																
ł	CAT	19a DATE OF	OPERATIO	N	19b. CO1	NDITION	FOR WHICH	OPERATION V	VAS PERFO	RMED?					20	AUTOPSY?	2
	ZTE															YES 🗆	NO 🗆
	MEDICAL CERTIFICATION	21a EXTERNAL UNDERLYING	[2]		HOUR	A.M. M	YAG HTMC	YEAR AT	TA FILE	ost Ost	D car	ATURE OF IC	reswi	ped	"and	the	ve-
	NCA NCA	CONTRIBUTIN	G 🗌 CAL			25 PI		81 11	et re	lled	cont	rol.	impa nnir	ictl	ng :	rixed im i	d ob-
	MEL	WHILE	NOT WH	IILE 🔂	STREET.	FACTORY.	FARM, ETC.)	IMa	STREET KT7	#2 NO	rth	CT TOR TO	WN		COUNTY		STATE
r		AT WORK	AT WOR	K		hgw	ý •	Ea	rleic	jht H	igts.	Rd.	Pas	sade	ena,	Md.	
		22a. I certify	that I tac	ak charge	af the remains	s describe		dan Autaj	osy XX	Inspection	n 🔲 ,	Inquiry		and in my	y apinian		
ł		death resulted	fram	Natural	causes	Acc	ident X.	Suicide	, Hami	icide,	Undeter	rmined mo	nner	,			
		ACTUAL	11	Minn	1.00	he!	16-0	0		SPECIFY)				DA	TF A	0.0	7
1		SIGNATURE_	V	vecy	ma !	7.	MAN	^^	A.D.ASS	ista	nt MEDIC	AL EXAM	INER	SIG	SNED 4	-2-8	1
	17	EXAMINER'S N	AME M	iarda	arita	Α.	Korel	1 M T	ADDRESS_	111	1 Dos	an C					
2		RIAL, CREMAT						OF CEMETERY O			1 Per		tree				
	5	ecify)		Δ	DR 9	MSA	NAVA	4 1 4	المد	10111	CITY OF	RTOWN		111	YTHUO	ST.	ATE
7	4. FU	NERAL DIRECT	OR		1 101)	ILITIVA	111310	MD.	214 DATE	REC'D BY	EGISTRA	R/ 256 REC	ISTRAR	'S SIGNA	TURI	1.6
	W	W. C	ham	bers	Co. 86	55	Ga. Av	e., SS,	Max				V	/	The state of the s	1	
															-		

The salestin Indian Section 1985 of the second section of the second section of the second se and the state of t Removed April 1931 March Regional Health Carlager Alaman State

,	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1 REG. NO.	0119
4 31		CEASED NAME FIRST BESSIE	WIDDLE	0º Neill	20. DATE OF DEATH MONTH	2b. HOUR 9:00 A.
The second	3. SE)	Female	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
To to the second		OUNTRACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	
s of the second	10. CI	Baltimore		URSING HOME OR OTHER INSTITUTION STREET ADDRESS) THE ACCURATE STREET ADDRESS AVENUE -21206	126 USUAL OCCUPATION (TYPEG: WORKED ROUT OF WORKING	LIFE) 12h KIND OF BUSINESS OR INDUSTRY
24 hour	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUP	OTHER INSTITUTION GIVE RESIDENCE NOTY Balto	BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? YES YES NO	134207 AGLERMORE	Avenue-21206
mpletely and 2 shi		THER'S NAME FIRST Illiam	MIDDLE Differ	15. MOTHER'S MAIDEN I	MIDDLE	Penna,
n ond cor Poges 1	160. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	oulson-1811 Carrie	0
requires that the death certi- en signed by the attending p. Then please remove carbon or to burial, cremation, or rem- injury, or other traumatic ev	IION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO OR AS A CON-		rminal disease or condition g	
he low on. hos been it permit iene price from tows on.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
this certificate burial-trons of Mentol Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM IT CITY OR TOWN	B PART 1 OR PART 2) COUNTY STATE
ed for use os the ed for use os the ed for use os the of Health and em 21 is morked		WHILE NOT WHILE 220.1 certify that (1) (this hospin sow the deceased alive on obove, (1) (mail (did no 22b, SIGNATURE	ital) attended the deceased f		to 4/2/ on death occurred on the date and h	, 19 , that (1) (we) hast our and from the causes stated
TO FUNERAL DIR should be detach with the State Det		224 PHYSICIAN'S NAME (TYPE O	Rent Bichte	ATTENDING	MEDICAL STAFF OTRECTOR PHYSICIAN	4/22
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4-24-81	231. NAME OF CEMETERY OR CREMATOR Balto. National (em. CHY Balto. Md.	COUNTY STATE
H-16 30M 2/80 (VRA 15, 4)		ohn C. Millen	nc-6415 Rola	25o C	DATE REC'D. BY REGISTRAR 256 RES	STEARS SHATURE

(1.0	1 12	Vise!		1.00.51
	*	6-5-1-6	$a^{i}j$.	dilher.
1977	alliane.	×	1.5.14.	0120
	etina"	18 15 - Simon S	tor, Glernos	axtione
Menistral	oromic) 1127	× 17:0	alto.	. >-
But the sixx		week and the life		
(10) un am				01

1. SEX Pemale	3. SEX Female RACE STATE OF DIRTH SUBJECT OF SIRTH SUBJECT OF	1		CEASED NAME FIRST		MIDDLE	SLER	Ť	20 DATE OF DE		81	26 HOUR 6:15A
A BIRTHPLACE (1914 OF OR COUNTY OF DEATH USA TYPE) BALTIMORE NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 178 USUAL OCCUPATION 179 USUAL RESIDENCE (19 NURSING HOME HOME OF OTHER INSTITUTION 179 USUAL RESIDENCE (19 NURSING HOME HOME OF OTHER INSTITUTION 179 USUAL RESIDENCE (19 NURSING HOME HOME HOME HOME OF OTHER INSTITUTION 179 USUAL RESIDENCE (19 NURSING HOME HOME HOME HOME HOME HOME OF OTHER INSTITUTION 179 USUAL RESIDENCE (19 NURSING HOME HOME HOME HOME HOME HOME HOME HOME	The Brithplace system of Death State	M)	3. SE	(_			5. DATE OF			LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17. WISSIAN COURT OF WORKING (SEE)	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. R. CIND OF BUSINESSC 11. R. CIND OF BUSINESSC 12. CITY OR TOWN 12. C	35				WHAT COUNTRY?				CITY OR COUNTY		
18. FATHER'S NAME FREST HOWARD FERST FILLA M. MATTERN FREST FREST FILLA M. MATTERN FREST FREST FILLA M. MATTERN FREST FREST FILLAN FREST	15. MOTHER'S NAME 18. MOTHER'S MANDEN NAME	10					G HOME OR		12a. USUAL OCC	UPATION	12b. KIND C	OF BUSINESS C
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS 217 52 5753 Charles Oursler 7746 Jessup Rd, Jessup, J. APPROXIMAT ENTERVAL RETWEEN ONS PROBLEM RETWEEN ONS PROBL	THEST HOWARD FACTURED THE CONTRIBUTION THE CONTRIBUTION OF CONTRIBUTION THE CONTR	35	13a. S	AL RESIDENCE (IF NURS	COUNTY	13c. CITY OR TOW	N		13e. STREET ADD	RESS Jessup E	Road	
PART COMMENDING (BYTS, GNE WAR OR DATES) 217 52 5753 Charles Oursler 7746 Jessup Rd, Jessup, 1	(PTES NO OR WAR OR DATES) 217 52 5753 Charles Oursler 7746 Jessup Rd, Jessup, 1 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) CARDIP PULL TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS C	30	14. FA		Ferdinan	d Duvall		5104.3		Harman	Į.A.	51
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) CARCINO IN TOS IS DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CON	PARTIL DEATH WAS CAUSE DBY: MMEDIATE CAUSE (0)	2									Rd, J	essup,
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the elecased from STREET 19 On CONTY STREET CITY OR TOWN COUNTY STATE 19 Sow the deceased give on above (1) (we) (tid) (did nat) view the body after death. DEGREE 22c. DATE SIGNED	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d I	9	RTIFICATION	14 × 2 190 DATE OF OPERATION 4/8/81	196. COND 5 MI	RIAL FI DITION FOR WHICH MLL BOW	OPERATION	RAPIA WAS PERFORMED PBST RUCTIO	VENTR 200 AUTOPSY 200 YES NO	20b. IF YES IN CERTIF	RES PL , WERE FINDING YING CAUSES	NGS USED S OF DEATH?
saw the deceased glive on	saw the deceased glive on 4/24/8 19 , and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (me) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED	Tred of nem :		OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOUR A. AMINER) P. 21e. PLACE	.M. MONTH DA .M. OF INJURY	Y YEAR	III LOCATION				STATE
	DAVID McARDLE, M.D. 220 ADDRESS DAVID McARDLE, M.D. 900 CATON AVENUE BALTIMORE MD 21220	f Hem 21 is mo		saw the deceased ali abave (1) (we) (did) (c		rafter death.	IA DE	that in (my) (aur) opinian			ond from the	couses stated

STATE OF MARYLAND



and itte July 9, 1895 . White

ABU INDICATE.

TEACHER OF STANDER WORDTHAN CONTRACTOR OF STANDARD

- 11 miles of the contract of

mente, A BIII

7760 Jessu 946

717 TO 5755 Charles Dureles / / Cosum C., Joseph.

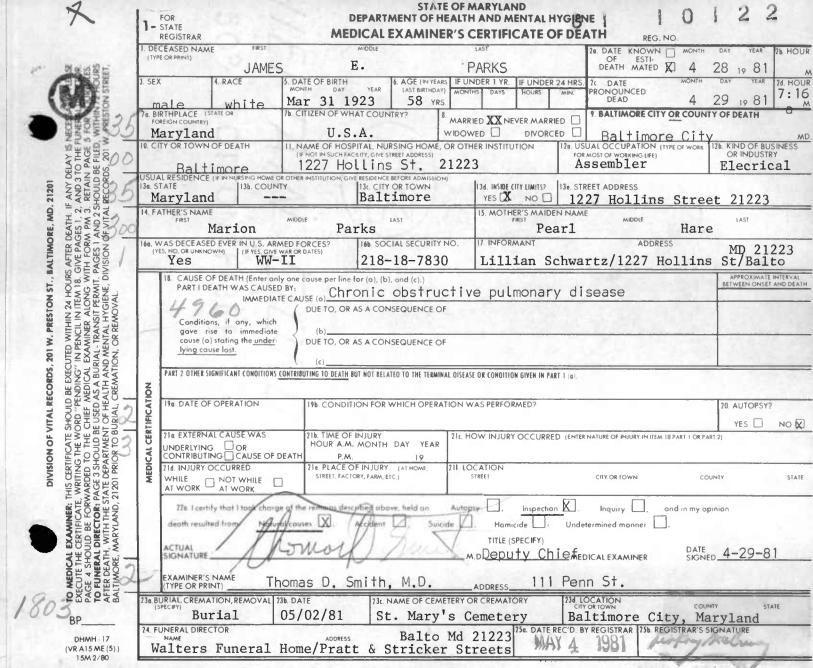
ACCES OF THE PROPERTY OF THE P

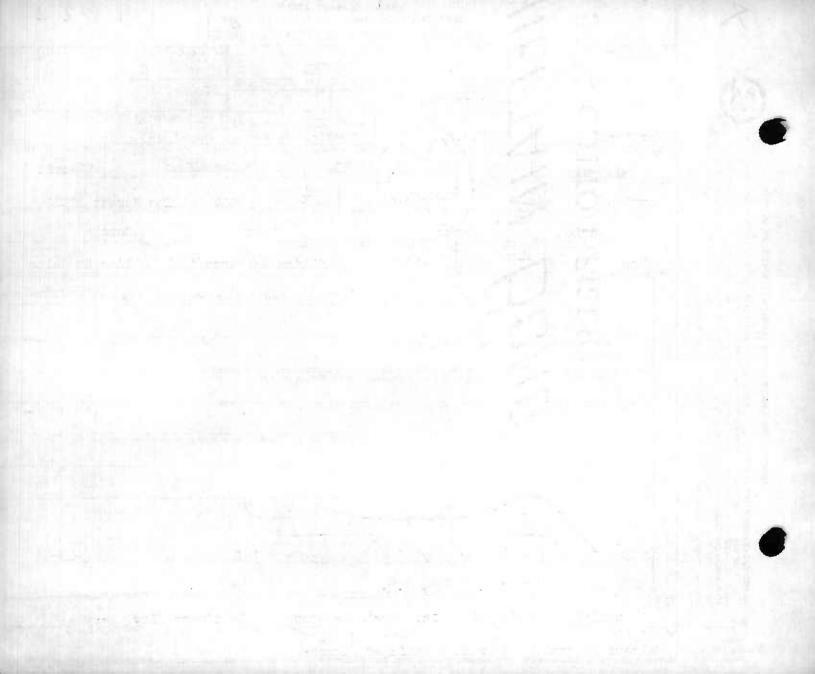
order to the control of the control



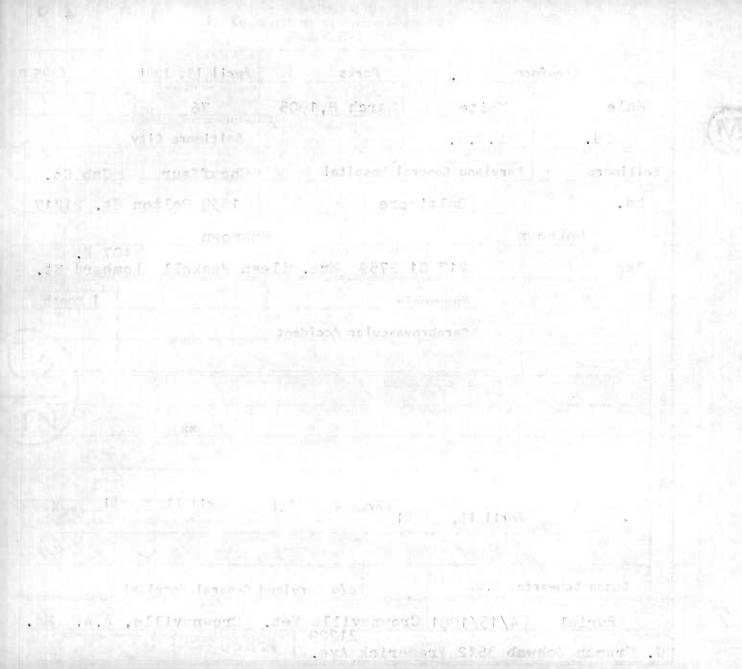
4:10	Sever os, le l		tvo unčjuma) Januare	
	TUID EASTELA				AND STREET
	and an order		BRIDGE SHEY	Į	800 1074
	3.2.2.23 E58		all branchis	'nduning	
	on annual o	zaokanio i			
Au Au	e, would character.	. 30 No. 0	(0002-10-102	1	207

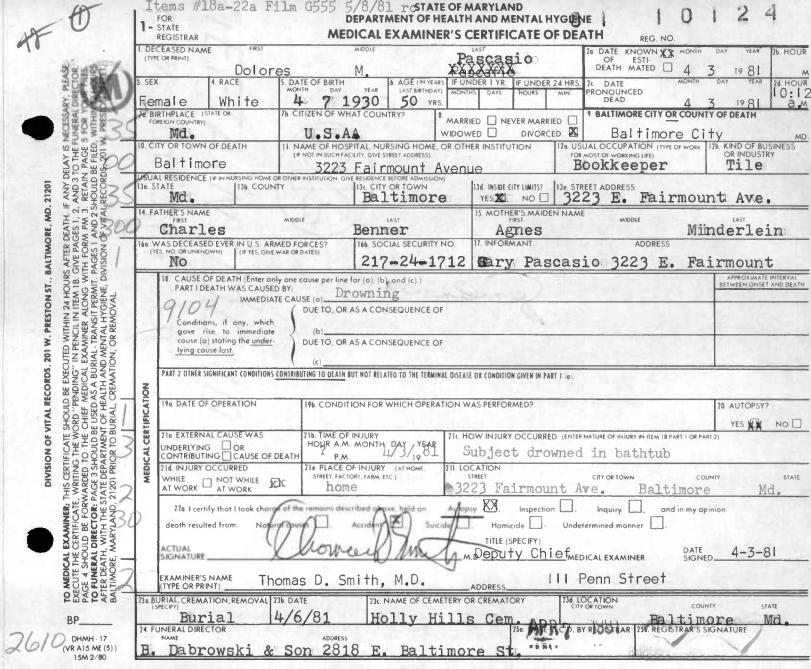
1. 1





R			FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		2 3
	a ∞ £		CEASED NAME FIRST		MIDDLE		AST		MONTH DAY YEAR	1000
	y be		Stanfo		K.		irks	April 13,		6:45 PM
	r. po	3. SE	X	4. RACE		MONTE	DF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DA	
			Male	Whi	te	Mar	ch 8,1905	76	YRS.	
	(M)		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S		WIDOWE		Baltimore		MD.
10	4 19 18		altimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET IND Genera	DDRESS)	prother Institution	120 USUAL OCCUPATION OF THE STREET WORK FOR MOST OF Chauffeu	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
AND 212	filled for the filled		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltime		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1839 Bo	lton St.	21217
MARYLAND 2	impletely ond 2 st	14. FA	ATHER'S NAME FIRST Unkno	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	nknown		LAST
BALTIMORE,	Poges 1	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	217 01	275	Mrs.Eile	en Haskel	7401	
01 W. PRESTON ST., BAI	ithat the death certificated by the ottending physicilease remove corban paperial, cremation, at removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE Cerebrov R AS A CONSEQUE	MCE OF ascul	ar Accident			ROXMATE INTERVAL FEN ONSET AND DEATH Month
L RECORDS, 2	n. nos been signe permit. Then prine prior to bur ws any injury,	CERTIFICATION	PART 2: OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY? YES NOW	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
DIVISION OF VITAL	iclan: The g physicio physicio certificate li ial-tronsit into l'Hygie em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		Y YEAR	21c. HOW INJURY OCCUR			
IVISION	VG PHYSICIA ottending p ter this certi- is the burial- h and Mento irked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	OR ATTENDING ne hospital or or DIRECTOR: Affer oched for use os Dept. of Health If Hem 21 is mark		270. I certify that A (this hasp saw the deceased always above, A (we) (did) (adam)			, 01	ch 4 , 19 8 and that in XX (our) opinion DEGREE ATTENDING	deoth occurred on the do	22c. DA	the causes stated
	retoined by the TO FUNERAL I Should be deto with the State I MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O		7		PHYSICIAN [DIRECTOR PHYSIC	IAND	17/8/
	Storing Storin		Susan Schwar	tz, M.D	•		c/o Maryland	General Ho	spital	
1401	BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/15			emetery or crematory sville Vet.	23d. LOCATION CITY OR TOWN Crownsv	ille, A.	A. Md.
1701	DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR				21229 250. QA	BEG BY REGISTRAR	25h. REGISTRAR'S SIGN	VATURE
226	(VRA 15, 4)	G	. Truman Sch	wab 35	12 Fred	eric	k Ave.	INGU NOT	~	





. w Januaries . ESSC x erandin

TOTAL TOTAL

Siversian . I Tare of south year Sittens-Nic

· DALL BYAC LITTER

parts and affile without the telepost

A. Historia O S W B LE L. Latte one St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR CERTIFICATE OF DEATH							
	ECEASED NAME FIRST	MIDDI	LE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR	
1.111	BABY	воу	P.	ATE	APRIL 13 19	981	11:11PM	
SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	MALE	BLACK	AP		YRS		HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8.	IED NEVER MARRIED	9. BALTIMORE CITY OR COUN			
	COUNTY		WIDOV		BALTIMORE CI	ΨY	MD.	
). C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h KIND OF	BUSINESS OR	
A	LTIMORE	Marie Committee	S HOPKINS	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY		
5U.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	MD		ALTIMORE	YES TY NO	3832 SEQUOIA	AVE		
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	1171		
	CARL	WIDDLE	BETHEA	SHETLA	WIDDIE	PATI		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166		17 INFORMANT	ADDRESS	EWTI	<u>u</u>	
((YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)						
=	T					APPROXIM	VALSINGSVAL	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line SED BY:	araioresp	water.	oct-	BETWEEN OF	NATE INTERVAL	
	IMMEDI.	21	488					
	17104	DUE TO, OR AS	A CONSEQUENCE OF	1.		al.		
	Conditions, if any, which gove rise to immediate	(b)	MMateure	lungs		100	as .	
	couse (o), storing the	DUE TO, OR AS	A CONSEQUENCE OF	1		01		
	underlying couse lost.		premoit	urrity		TW		
		(c)					ra.	
		CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	GIVEN IN PART 1(0	14.	
2	PART 2 OTHER SIGNIFICANT					State		
			RIBUTHAG TO DEATH BU		20g AULOPSY 20b. IF Y	GIVEN IN PART 1(0) YES, WERE FINDING TIFYING CAUSES O	GS USED	
	PART 2 OTHER SIGNIFICANT	19b. CONDITIO	n för which operati	ON WAS PERFORMED	200 AUTOPSY IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED	
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION 21b. TIME OF IN	n för which operati	ON WAS PERFORMED 21t. HOW INJURY OCCUR	20g AUTOPSY 20b. IF Y	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?	
	PART 2 OTHER SIGNIFICANT	19b. CONDITION 21b. TIME OF IN HOUR A.M.	n för which operati	ON WAS PERFORMED 21t. HOW INJURY OCCUR	200 AUTOPSY IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?	
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II	N FOR WHICH OPERATION JURY MONTH DAY YEAR NJURY	ON WAS PERFORMED 21t. HOW INJURY OCCUR	200 AUTOPSY IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?	
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II	N FOR WHICH OPERATION JURY MONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY 206. IF Y YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 1)	YES, WERE FINDING TIFYING CAUSES O YES	GS USED DF DEATH? NO	
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF II (AT HOME, STREET, F	N FÖR WHICH OPERATION JURY MONTH DAY YEAF 19 NJURY ACTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY 20b. IF Y YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 1)	YES, WERE FINDING TIFYING CAUSES O YES	GS USED DF DEATH? NO	
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 272a certify the (1) his hos	19b. CONDITION EATH HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, P	JURY MONTH DAY YEAR NJURY NJURY ACTORY, OFFICE, FARM, ETC.) Secosed from	211. HOW INJURY OCCURI	200 AUTOPSY 20b. IF Y YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 1)	(ES, WERE FINDING TIFYING CAUSES O YES 8, PART I OR PART 2)	GS USED DF DEATH? NO STATE	
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 272a certify the (1) his hos	21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY YEAR NJURY NJURY ACTORY, OFFICE, FARM, ETC.) Secosed from	211. HOW INJURY OCCURI	20g AUTOPSY 20b. IF Y IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM IT	(ES, WERE FINDING TIFYING CAUSES O YES 8, PART I OR PART 2)	GS USED DF DEATH? NO STATE Wee) lost ouses stoted	
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify In (II) his hos sow the local cause of open control of the c	19b. CONDITION EATH HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, P	JURY MONTH DAY YEAR NJURY NJURY ACTORY, OFFICE, FARM, ETC.) Secosed from	211. HOW INJURY OCCURI	20g AUTOPSY 20b. IF Y YES NO 20b. IF Y YES NO 20b. IF Y IN CER CITY OR TOWN CITY OR TOWN ACTION OF TOWN MEDICAL STAFF	(ES, WERE FINDING TIFYING CAUSES CYES RPART I OR PART ?) COUNTY 19 thour and from the co	GS USED DF DEATH? NO STATE Wee) lost ouses stoted	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify In (II) his hos sow the local cause of open control of the c	21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF II (AT HOME, STREET, Pitol) otter field the de	JURY MONTH DAY YEAR NJURY NJURY ACTORY, OFFICE, FARM, ETC.) Secosed from	211. LOCATION STREET 219. 19. 19. 19. 19. 19. 19. 19. 19. 19.	20g AUTOPSY 20b. IF Y YES NO RED (ENTER NATURE OF INJURY IN 11EM 11 CITY OR TOWN	(ES, WERE FINDING TIFYING CAUSES CYES RPART I OR PART ?) COUNTY 19 thour and from the co	GS USED DF DEATH? NO STATE Wee) lost ouses stoted	
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify the (I) this hos, sow oboy (I) MY (did) that it	21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF II (AT HOME, STREET, Pitol) otter field the de	JURY MONTH DAY YEAR NJURY NJURY ACTORY, OFFICE, FARM, ETC.) Secosed from	211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	20g AUTOPSY 20b. IF Y YES NO 20b. IF Y YES NO 20b. IF Y IN CER CITY OR TOWN CITY OR TOWN ACTION OF TOWN MEDICAL STAFF	(ES, WERE FINDING TIFYING CAUSES CYES RPART I OR PART ?) COUNTY 19 thour and from the co	GS USED DF DEATH? NO STATE Wee) lost ouses stoted	

230. BURIAL, CREMATION, REMOVAL CREMATION

APR

ADDRESS

JOHNS HOPKINS HOSPITAL BALTIMORE

STATE MD

24 FUNERAL DIRECTOR

FOR

APR-22 1981

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

ARREST OF THE PROPERTY OF THE

	It	em 8 g555 5/7/8	31 gj	STATE OF MARYLAND	A ^R b. E	1 10 1 10
0 /	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	1012
XX	1 DE ITYPE	CEASED NAME FIRST LOTT	TE PA	THERSON		MONTH DAY YEAR 25. HOURS
	3 SE	Female	1 RACE	S DATE OF BIRTH MONTH DAY YEAR 2 /3	6 AGE IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER OF A HOURS AND
deauling 72	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	R COUNTY OF DEATH
by the fu	10.C	Ba 690 1 M CV	11. NAME OF HOSPITAL, NURSI IF NOT IN SUCH FACILITY, GIVE STREE CHAR		120 USUAL OCCUPATION OF WORK FOR MOST O	ON 126. KIND OF BUSINESS
ST S	USU. 13a. S	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 134. INSIDE CITY LIMITS?	130 STREET ADDRESS	word PKwy
npletely nd 2 sho	TA FA	THER'S NAME FIRST OSERT	Bowling	15. MOTHER'S MAIDEN NA		PLD LAST
be executed and compliages 1 and 2 the medica	láa V	VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	URITY NO. 17 INFORMANT	ADDRE S	35 wildway Pr
ertificate physician papers. Peemoval.			ly one cause per line for (a), (b), o	ndicu	TICEMIA	APPROXIMATE INTERVAL
death co		2507	DUE TO, OR AS A CONSEOL	JENCE OF	ULEERS	
es that the death certificat d by the attending physicis ase remove carbon papers. al, cremation, or removal. y, or other traumatic even		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)			FAILURE
w requires en signed I Then pleas or to burial	NO	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
CIAN: The law ician. ician. iricate has beer ansit permit. The Hygiene prior m 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ing physician: ing physician. this certificate burial-transit p il Mental Hygie ed or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
Sign and by a	MEDICAL	21d INJURY OCCURRED WHILE ONLY WHILE OF AT WORK	210 PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR YOV	VN COUNTY STATE
ATTEN ital or a cCTOR: or use a of Heal m 21 is		220 Certify that (1) this hospit saw the deceased of the on, above (1) we (did) (did no	attended the deceased from 4/21 19	\$1 ond that in (my Cour) opinion	deoth occurred on the de	121, 1981, that (1) (we) ate and have ond from the couses stated
AL OR the hose tached te Dept T. If It		220. SIGNATURE	walit	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	220 DATE SIGNED 4/21/81
HOS ined ined or the		A-C. CHOL		22e ADDRESS	ARLES GE	
DT of sports with MM MM	23a E	SURIAL CREMATION, REMOVAL	23b. DAJE 23c.	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITYOFTOWN	es and younty State
DHMH-16 25M (VRA 15, 4) 1/79	24. FU	INERAL DIRECTOR	ADDRESS ADDRESS	• 25a. DA	TE REC'D. BY REGISTRAR	

THE REST WINDS The state of the s THE BOWLING LOADER LENGED Side the three Sty I make to mark the state - exclete STATE OF THE PARTY OF THE PARTY OF THE PARTY. ATC. CHOUSELTT Burne Waster Mr Longer photos of the second of the se

1:2 1:1.1.1.2 The state of the state of March the the sticker has all send in a trade and a Day would be a like and the way of the state of the 13/3/13/4 PE 45/4 ENET the company that the the company to and the line in the second of MATERIAL CONTROL OF THE STATE O

1.	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	0 1 2 8
. m.e		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAT	Y YEAR 26 HOUR P
o. 950			John Paule		4-9-81	12:30 M
and a state of the	3. SE	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 9-1-899	6. AGE (IN YEARS LAST BIRTHDAY) IF MO YRS.	UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
97	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED XX DNORCED		FDEATH
	10. C	Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS!	120 LISUAL OCCUPATION	h. KIND OF BUSINESS OR INDUSTRY Retired
2120 2120 ho d is be t	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION)	130. STREET ADDRESS	/ recount
AND 2		M.	Balto	YES NO	3305 Cleaman	Avanua
MARYLAND 2120 ed within 24 hours mpletely filled in the and 2 should be the	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDIE	LAST
BALTIMORE, cate be executivities and capers. Pages 1 wol.		MAS DECEASED EVER IN U.S. AI YES, NOTO UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 216-32-4	CURITY NO. 17. INFORMANT	ADDRESS ADDRESS ADDRESS	21229 Line ton 21
RDS, 201 W. PRESTON equires that the death or n signed by the attendin Then please remove carter to burial, cremation, or injury, or ather traumatic	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	Clush and	D WEAR &	N IN PART 1(0)
AL RECORDS, he low required on hos been significant. Therefore prior to be one on a consory injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physician free this certificate b as the burial-transit p th and Mental Hygier th and Mental Hygier arked or frem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
VISION O S PHYSIC affending er this cert the buria	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	THE PLACE OF INJURY EAT HOME STREET, FACTORS OFFICE	21f LOCATION STREET	CHARLOWN	COUNTY STATE
ENDI tal ar OR: A OR: A I'r use		220.1 certify that (I) (this saw the deceased alive the	4/0/1/	and that in (my) (ovr) opinior	to to the date and hour of	that (I) (Ne) last
DIRE	(The SCHATURE OU	Mulen	DEGREE ATTENDING PHYSICIAN	MEDICAT STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the State		DON AND	WIMINES	n Boog	EVERGICEON	fre Bho
7744BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 23b. DAJE 23c	Holy REdeemer (em.	23d. LOCATION CITYORTOWN Balto	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	John C. Miller	Inc-6415 Belain	7250 DA	R 1 3 1981	The Budy

acto

ober side 2135

1.5.4.

My change, 11.10 sman country; dec

oinet at - etira aito. x is clowns vous

18:00

12:37

OCE 16

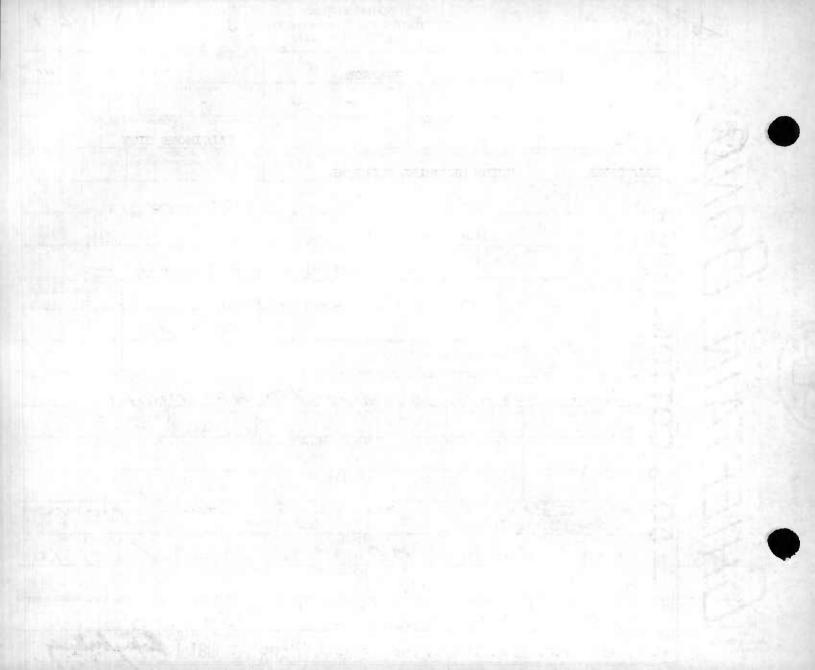
Mo-grand on one of the state of

1-13-11 min ceeser, en. 1100 w.

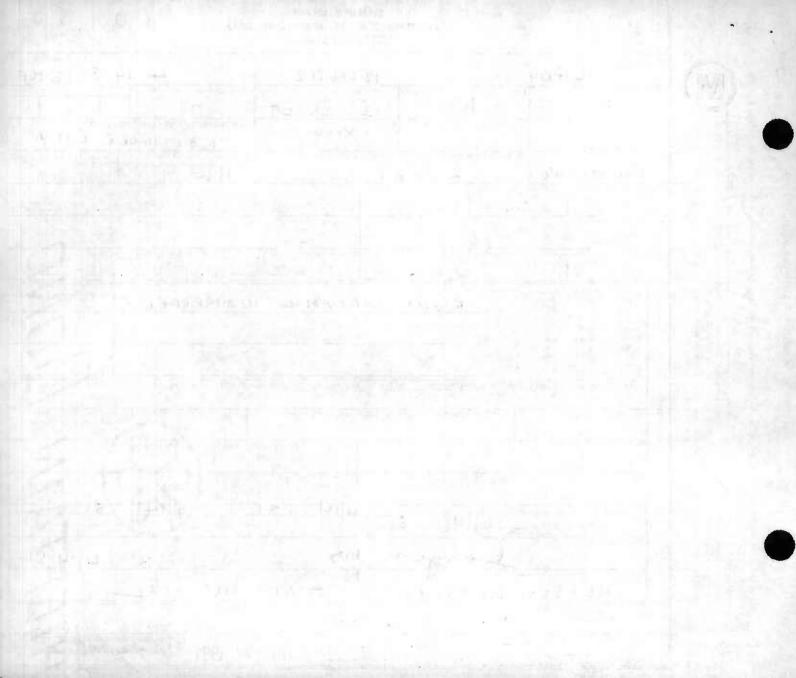
minini

on for inex in Silindair ...- 125

~	0	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	NTAL HYGIE		1	0 1 3	2
m F	1		CEASED NAME FIRST		MIDDLE	LAS			REG. NO a. DATE OF DEATH	MONTH DAY	/	HOUR
age 3 death			RO	SE		PEARS	ON			4/10	181 1	1.4.
r. Po	3	3. SE)		4. RACE		5. DATE OF		6.	AGE (IN YEARS LAST BIR			UNDER:
1			Female	Black		8 8	7, 19	32	48	YRS.	NINS DATS NO	JUKS
(3K/II):			RTHPLACE (STATE OR FOREIGN	76 CITIZEN OI	WHAT COUNTRY?	8.	☐ NEVER MAR	PIED D	BALTIMORE CITY O	R COUNTY O	FDEATH	
	35		aryland	1	USA	WIDOWED			BALTIMO	RE CITY	Y	
ad and	14		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A	IG HOME OR ADDRESS)	OTHER INSTITU		2a USUAL OCCUPATI TYPE OF WORK FOR MOST C		126. KIND OF BI	USINE
Filled In a sold be the	1	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COI		N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N 11	3d. INSIDE CITY		e street address 3227 Raven	A Front	venue	
Shy Sh	_	_	THER'S NAME		TRITCHIOL		5. MOTHER'S MA			IWOOO A	venue	
and 2	00		FIRST	MIDDLE	Stevenson		FIRST	T	WIDDLE		LAST	
0	10		AS DECEASED EVER IN U.S. A			RITY NO	Minnie 17. INFORMANT		ADDRE		Smith	_
Pages 1	1	(Y	ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)				ine Do	2007 D		3	
ers. P	/		NO 18. CAUSE OF DEATH (Enter	-	1		Jacquet	ine ka	y 3227 Rav	enwood	AVENUE APPROXIMATI BETWEEN ONSE	CINVE
attending phy nove carbon po otion, or rema troumatic even			4100	ATE CAUSE (a)_	Myoca OR AS A CONSEQUE		Int	Luve +	104		8 0	u
400			Conditions, if ony, which	(b)_								
d by the clease remoial, cremo			gove rise to immediate couse (a), stating the underlying couse last.	(c)_	or as a conseque							
gned by the in please rem burial, crem ry, or other		7	couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICAN	(c)	CONTRIBUTING TO D		OT RELATED TO	/ -	1 1	DITION GIVEN	IN PART 1(o)	
n signed by the Then please ren r to burial, crem injury, or other		TION	PART 2. OTHER SIGNIFICANT Cerebro	conditions of a second	contributing to a	DEATH BUT N	lent.	/ Die	abetes 1	10/1/	25	
on. has been signed by the t permit. Then please ren ene prior to burial, crem ows any injury, or other	9	RTIFICATION	PART 2. OTHER SIGNIFICAN CE VE LVO 19a. DATE OF OPERATION	1000 CONDITIONS CONDIT	CONTRIBUTING TO D	DEATH BUT N 1 CC/Q OPERATION	WAS PERFORME	Die	280 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN	VERE FINDINGS NG CAUSES OF	DEAT
on. has been signed by the t permit. Then please ren ene prior to burial, crem ows any injury, or other		CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT Cerebro	CONDITIONS OF THE PROPERTY OF THE POPULATION OF	contributing to a	DEATH BUT N CC/C OPERATION	WAS PERFORME	Die	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDINGS NG CAUSES OF	DEAT
te has been signed by the sit permit. Then please ren giene prior to burial, crem shows any injury, or other		MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAN CENE LO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	(c)_ I CONDITIONS COND	CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH	DEATH BUT N CCIC OPERATION AY YEAR 19	WAS PERFORME	Die	280 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	VERE FINDINGS NG CAUSES OF	DEAT NO
in or attending physicion. R. After this certificate has been signed by the use as the buriol-transif permit. Then please remease as the buriol-transif permit. Then please remealth and Mental Hygiene prior to buriol, cremis marked or them 18 shows any injury, or other:			PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN PART 3. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN PART 3. OTHER SIGNIFICAN PART 4. OTHER SIGNIFICAN PART 4. OTHER SIGNIFICAN PART 5. OTHER SIGNIFICAN PART 5. OTHER SIGNIFICAN PART 6. OTHER SIGNIFICAN PART 6. OTHER SIGNIFICAN PART 7. OTHER SIGNIFICAN PART 7. OTHER SIGNIFICAN PART 8. OTHER SIGNIFICAN PART 8. OTHER SIGNIFICAN PART 9. OTHER 9. O	(c)_ I CONDITIONS (- Vase 196. CONI 196. CONI 216. TIME HOUR A JERN 216. PLACE (AT HOME, S)	CONTRIBUTING TO E	OPERATION AY YEAR 19 ARM. ETC.)	WAS PERFORMI 211. HOW INJUR 211 LOCATION STREET	DICED DICED	280 AUTOPSY? YES NO O	20b. IF YES, V 20b. IF YES, V IN CERTIFY!! YES RY IN ITEM 18, PART	VERE FINDINGS NG CAUSES OF NOTION PART 2) COUNTY Thou that and from the county	DEAT NO
ne nospinal or arrenaing prysicion. DIRCORS, After this certificate has been signed by the coched for use as the burial-transit permit. Then please renoched for use as the burial-transit permit. Then please renoched for use as the burial-transit permit. Then please properties are supported by the plant p			COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICAN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE SOUTH STORY OF STORY O	CONDITIONS OF THE PROPERTY OF	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE F. The deceased from Ty offer death.	OPERATION AY YEAR 19 ARM. ETC.) DEM M.D.	WAS PERFORMI 211 LOCATION STREET that in (my) GOU	DIO RY OCCURRED TO Dipinion dec	280 AUTOPSY? YES NO CITY OR TO CITY OR TO 4/10	20b. IF YES, V 20b. IF YES, V IN CERTIFY IF YES WN	VERE FINDINGS NG CAUSES OF NO (1 OR PART 2) COUNTY	S' (I) C
by the hospital or attending physicion. ALLO INECTOR: After this certificate has been signed by the editoched for use as the buriol-transit permit. Then please renestated for use as the buriol-transit permit. Then please renestate bept. of Health and Mental Hygiene prior to buriol, crem. NT.: If them 21 is marked or them 18 shows any injury, or other:			COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICAN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK SOW the decrosed alive obove. (I) [[we] clid] (did 22b. SIGNATURE CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE	CONDITIONS OF THE PROPERTY OF	CONTRIBUTING TO E OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from	OPERATION AY YEAR 19 ARM. ETC.) DEM M. D.	WAS PERFORMED 211. HOW INJUR 211. LOCATION STREET that in (my) GOI EGREE ATTE	DIO RY OCCURRED TO Dipinion dec	286 AUTOPSY? YES NO CITY OR TO Oth occurred on the do	20b. IF YES, V 20b. IF YES, V IN CERTIFY IF YES WN	VERE FINDINGS NG CAUSES OF NOTION PART 2) COUNTY Thou that and from the county	DEAT NO
ie nospitat or arrenariag prysicion. DIRECTOR, After this certificate has been signed by the poleded for use as the buriod-transit permit. Then please reno Dept. of Health and Mental Hygiene prior to buriol, crem if them 21 is marked or them 18 shows any injury, or other:	9	MEDICAL	COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICAN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK SOW the decrosed alive obove. (I) [[we] clid] (did 22b. SIGNATURE CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE	CONDITIONS OF TOO PRINTS (c)	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F. Wy ofter death. Company Com	DEATH BUT N OPERATION AY YEAR 19 ARM. ETC.) DEM M.D.	WAS PERFORMI 211 LOCATION STREET that in (my) GOU	POPULATION OF THE POPULATION O	286 AUTOPSY? YES NO CITY OR TO Oth occurred on the do	20b. IF YES, V 20b. IF YES, V IN CERTIFY!! YES WN	VERE FINDINGS NG CAUSES OF NOTION PART 2) COUNTY Thou that and from the county	S' (I) C



BALTO MD 21215

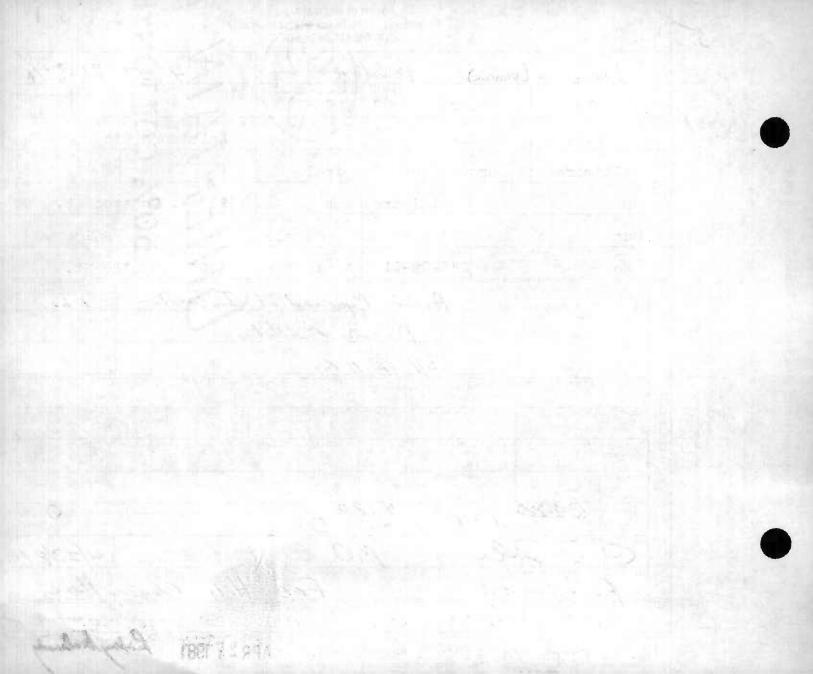


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MEN		IENE B REG.	NO.	U	3 1
	(TYPE		(vennie)	AIDDLE	Pend	AST AL	4	20. DATE OF DEATH	MONTH D	8 8/	8 HOLLEY A
	3. SE>	Female	4. RACE Ne	gro	5 DATE C	F BIRTH → → → → → → → → → → → → →	Öΰ	6. AGE (IN YEARS LAST)		IF UNDER 1 YEAR	HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN N.C.		WHAT COUNTRY	8. MARRIEI WIDOWE	D NEVER MAR		9 BALTIMORE CITY Balti			WC
37	10. CI	TY OR TOWN OF DEATH Baltimore	11. NAME OF H (IF NOT IN SUCI Morg	HOSPITAL, NURSII HEACILITY, GIVE STREET UE-MET	ADDRESS) TADDRESS) TO HO	Spital	ITION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR
35	USUA 13a. S	AL RESIDENCE (IF HURSING HOME OR OF TATE 13b COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltir	VN	13d INSIDE CITY YES X NO	LIMITS?	13e. SIREET ADDRESS	. Pres	ton S	t.
00	14. FA	THER'S NAME FIRST	AIDDLE	Little	Э	15. MOTHER'S MA Mag		ME		Paiĝ	e
1		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	246-30-		Annie	Stre	et 1520	N. Wol	fe St	
		18 CAUSE OF DEATH lenter on PART I. DEATH WAS CAUSED IMMEDIATION of the Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	te l' Di phe		dest elled	In fre	eVin	APPROXI BETWEEN C	MATE INTERVAL MISET AND DEATH LICE 1
	NOI	PART 2. OTHER SIGNIFICANT C	(c) ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CO	ndition give	N IN PART 110)
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMI	ED	200 AUTOPSY?		WERE FINDING CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTHY MEDICAL EXAMINER)	P.A	M. MONTH D	AY YEAR	List Sur	RY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM ETC }	21f. LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
		220.1 certify the (1) (1) sow the deceased alive an above, (1) (we) (did) (did not 226. SIGNATURE	4/7	deceosed from 19_ofter death.		d that in my) cou	r) opinion c	, to	dote and hour	ond from the	tho (1) (we) lost couses stated
		22d. PHYSICIAN'S NAME (TYPE OF	MC PRINT)		p		NDING SICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	4/2	3/8/
1		Folken	MAR			Fo	50	Hill ,	Nuns.	13 Hs	re,
		URIAL/CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4/28/			EMETERY OR CREA		23d LOCATION CITY OF TOWN Balti	more	Consti	A Market

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave. 250. DATE REC'D. BY REGISTRAR 256. REAL APR 2 7 1981



		1-	STATE REGISTRAR	DE		ICATE OF DEATH	REG. N	, 0		
9 . e	1		CEASED NAME FIRST EDNA	MIDDLE KEI	05	ATZ	20 DATE OF DEATH	MONTH DAY	VEAR /	26. HOUR 6:25 A
4 may	W)	3. SE		4 RACE WHITE	S. DATE (DF BIRTH 29,1899	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
h. Poge	6	(RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	YRS OR COUNTY O	FDEATH	
er death.	ped of		RYLAND TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N			BALTIMOR	ION	126. KIND O	F BUSINESS OR
1201 burs off	3/4		ALTIMORE CITY AL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVI LINTON MEMOR R OTHER INSTITUTION, GIVE RESIDENCE	TAL HOSP	ITAL.	S'TENOGRAPH	ER ER	RAILRO	DAD
AND 2	35	13a. S	MD.	NTY 136. CITY O BALT I	R TOWN MORE	13d. INSIDE CITY LIMITS? YESXXX NO [13e STREET ADDRESS 613 EAST	GITTING	S AVE	21212
MARYL ted withi	3600	14 FA	THER'S NAME FIRST ELIAS	READ KEL		ELIZABETH	WIDDLE		HANS O	N
IMORE,	medicol		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	105-113	17 INFORMANT ELIZABETH MA	ADDR RIAN PENTZ		GITTI	NGS AVE
T., BALT fificote the physicia physicia mopopers movel.	vent, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), ED BY: TE CAUSE (a)	(b), and (c).)				BETWEEN C	MATE INTERVAL DISET AND DEATH
W. PRESTONS The death cer of the death cer of the ottending ter emotion, or re	her traumatic e		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	ngastu	se Heart	Failure		5	months
son the beautiful please uriol,	y injury, or oth	VIION	PART 2. OTHER SIGNIFICANT I BILD TENUL PLC	CONDITIONS CONTRIBUTION LIPE CONDITION FOR V	, AODA	M, S/P ASM	MINAL DISEASE OR CON	IDITION GIVEN		
TALRECTAL RECTAL REPORTS The low ricion.	hows or	CERTIFICATION			VHICH OPERATIO		YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of tending physician. Offending physician. Offending physician. of the burd-tronsit permit. Then one she burd-tronsit permit. Then hand Mental Hydiene prior to b.	Hem 18 3	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
NG PHY offer this but hond M	orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	2H. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
Spirol or Spirol or for use of Heolif	21 is mo		22a L certify that (I) (this hosp saw the deceased alive on			nd that in (my) (aur) apinion	death accurred an the d	ate and hour a	nd fram the	that (I) (we) last couses stated
ALOR ALOR AL DIRECTOR ALDIRECTOR Set Optices	IT. If Item	(The SIGNATURE	1. Sill	mo	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		4 /	6/81
TO HOSPITA retained by TO FUNERA should be do	PORTAN	,	Aloun 1.	5:1/5, 1	50	22e. ADDRESS			,	1
2 E 2 E 3	¥.	23a B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE APR. 9,1981	WOODLAW	EMETERY OR CREMATORY	23d LOCATION City or Town WOODLAWN	BALTIM	OUNTY IORE 1	MD. STATE
DHMH-16 30M 2/ (VRA 15, 4)	80		INERAL DIRECTOR TCHELL-WIEDEFE			25a. QA	E RECD. BY REGISTRAR	25b. REGISTRA		

dellered your service had ministed that you have the man of the arresor

10	1-	FOR STATE REGISTRAR					MENT (TATE OF A OF HEALTH	AND M	ENTALH			. 1	0		3	3	
1	1. DE	CEASED NAMI	E FIRST			MIDDLE			LAST	OAIC C		a. DATE I	REG. N	_	DAY	YEAR	2b. HOUR	
28080	(CON PRICE!)	MAD	ELE	ELEINE F. PERROLLE DEATH MATED 4								28	19 81	_ M			
3555	3. SEX		4. RACE	HTMOM	OF BIRTH DAY	YEAR	6. AGE (RTHDAY) MONTH		IF UNDER		2c. DATE	CED	MONTH	-	YEAR	24 HOUR 1:53	
		male	white		28/00		81	YRS.	SAT SAT S	HOOKS		DEAD		4	28	19 81	D M	
新疆里	FO	RTHPLACE (S'		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY										DEATH				
# E		itzerla		11 NAAA	USA		DCINIC H	WIDOW		DIVORC		Balti	more	City	·Ital Ki	12b. KIND OF BUSINESS		
AY IS THE P PILED 2017	10. 61			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)								PE OF WORK	0	R INDUSTR	Y			
DELAY 3 TO THE IN PACE BBE FACE		L RESIDENCE		454 OR OTHER INS		E RESIDENCE		MISSION)				each	er		1 -	renc	h	
ANY ANY AND 3 RETAI HOULD	13a. S'	ode Is	land cour	YTY			OR TOW		13d. INSIDE C	NO 🗆		ET ADDRE		Maar	4.411	. D.	2	
MD. 2 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8		THER'S NAME				LASI	nawa	У	15. MOTHER'S MAIDEN NAME							NOAU		
DEATH.		Gusta	ave	MIDDLE		Fa	ivre		F	Bert	he	M	DDLE		P	oulet		
MO PAG S 1 P	16a. V		DEVER IN U.S. AR	RMED FORCE			CIAL SECU		17. INFORA		10	2011	ADDRES	S		Quie		
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS. B. GIVE PAGES 1, 2, AND 3 TO THE. WITH FORM PM. 3, RETAIN PAGE I. PAGES 1 AND 2 SHOULD BE FILES DIVISION OF WITA RECORDS, 201		No	(iii ies, Give	E WAR OR DAIL	53)	061	03	1991A	Pie	rre	Perr	olle,	Silv	er s	Spri	ng.	Md.	
ST., B COURS V 18. G WIT. P ME, DIN		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly ane cau											BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH	
		2 1		TE CAUSE	(0)			of lun	g					122				
PRESTON THIN 24 H CIL IN ITEM FR ALON ANSIT PER AL HYGIEN REMOVAL		Canditia	ns, if any, which		JE TO, OR A	AS A CO	ISEQUEN	CE OF										
W. P. WITH WINE MINE TRANSPORTED OR RE	-	gave ris	se to immediate stating the under-	e /	(b)	AS A CO.	ICCOURNI	CF OF					-		-			
201 V UTED IN PE EXAN		lying cau		1		AS A COI	43EQ/UEIN	CE OF										
DS, XECU JG" LE BURI ATIO		PART 2 OTNER SI	GNIFICANT CONDITIONS		G TO DEATN B	UT NOT REL	TED TO THE	TERMINAL DISEASI	OR CONDITIO	N GIVEN IN PA	2T 1 (a)							
RECORDS, LD BE EXEC PENDING" MEDICAL D AS A BUI HEALTH AN CREMATII	NO																	
FALRE COULD SED /	CERTIFICATION	19a. DATE OF	OPERATION	191	CONDIT	ION FOR	WHICH C	PERATION W	AS PERFOR	MED?					20	AUTOPSY?		
OF VITAL ATE SHOU IE WORD THE CHIEF ILD BE USE WENT OF H	TIF															YES 🗌	NO 🛭	
S JAN THE STATE OF		UNDERLYING	CAUSE WAS		I. TIME OF IOUR A.M.		DAY Y	EAR 21c. HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJ	URY IN ITEM 18	I PART I OR F	PART 2)		1350	
S CERTIFIC S CERTIFIC SE 3 SHOU E DEPART	MEDICAL	CONTRIBUTION 21d. INJURY C	NG CAUSE OF		P.M.	E INTITION	19 (AT HOM		CATION									
PIVIE SCER SCEE SCEE SE 3 S E DEI O1 PI	ME	WHILE	NOT WHILE [STREET, FACTO				TREET			CITY OR TOV	VN	С	OUNTY		STATE	
D THIS WAR	100																	
AND SAT			fy that I taak char		_		ve, held o		•	Inspectia		Inquiry		nd in my o	pinian			
RAMINE REC		death result	A Natu	oral causes		Accident	□.	Suicide	, Hamid		Undete	rmined ma	nner					
MAN WAS A SAN WA		ACTUAL SIGNATURE	MA	1	4~	~	1	AA AA	,	istan	+ 4501	CALEVAN	11.150	DATE		1-29-	81	
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	a -	/			1				v. <u>1133</u>	15140				SIGN	VED			
		EXAMINER'S (TYPE OR PRI	NAME Ar	nn M.	Dixo	n, M	.D.		ADDRESS_	1000	1	11 Pe	enn S	t.				
53.80.88.	23 o. Bl	PECIFY}	TION, REMOVAL		0 /5 :	23c.	_	CEMETERY O		ORY	CITYO	CATION		со	UNTY	ST	TE	
BP	24 5		ation		0/81			en Mou		26- 5-7-	B	alto.) Inth pro	V Janes		Ad.		
DHMH - 17	-	NAME	ork Roa					ons C 21212	٥.	25a. DATE	D 2	198	ZSB. REG	RAR'S	SIGNAT	URF		
(VR A15 ME (5))		POO Y	UIN RUA	iu D	alto.	, 1	u.	21212	1711111	AP	49	130					7	

Edgood Island

Edit re

Teacher Teacher

Ashaway R.F.D. 1, Woodville Post

061 06 1981 A. Fierra Perrolle, Silver Scring, NW.

Oremation //30/81 Crean Nourth Balto.
Henry W. Jenkins & Sons Co.
One Vork Foot Balto. We. 21212 Application 4905 York Ross Salto., Nd. 21212

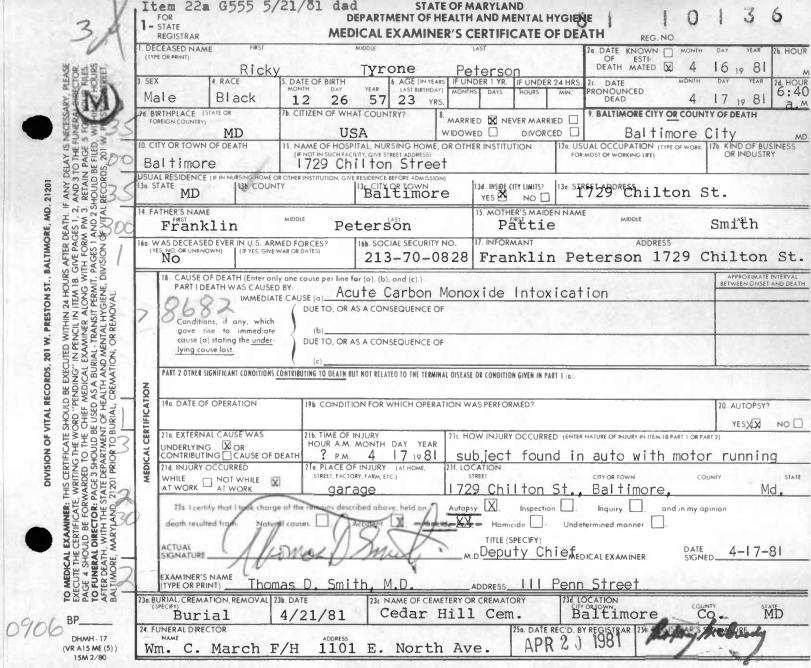
AND STATE STATE OF THE REPORT OF THE PARTY OF THE Similar was along the way the THE REPORT OF THE PARTY OF THE

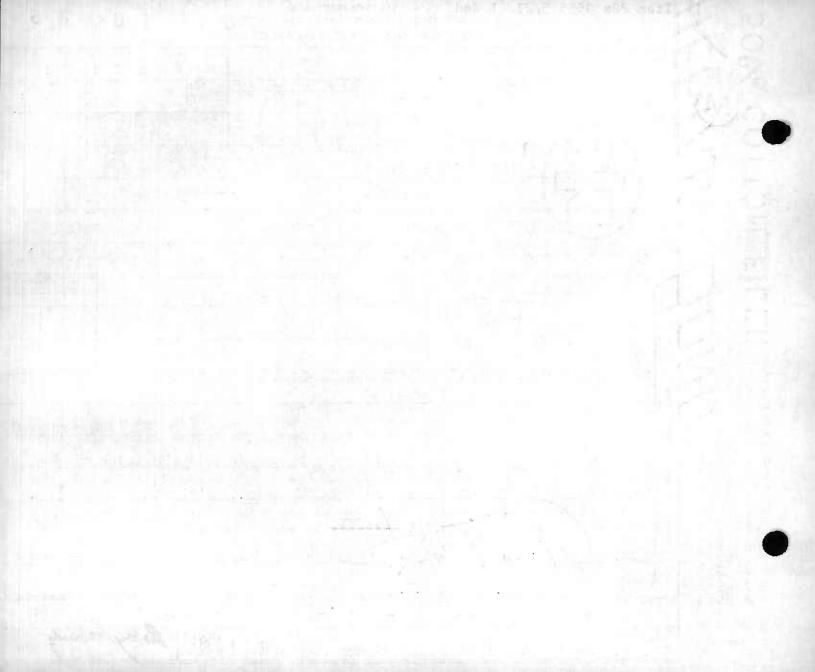
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2g. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) April 10, 06:55pm 1981 Peterka Rose 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINDER 24 MRC Oct. 14 1900 Female White La BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore Baltimore City WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR clothing TYPE OF WORK FOR MOST OF WORKING LIF Baltimore The Johns Hopkins Hospital Seamstress ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore COUNTY 13e STREET ADDRESS 501 N. Lakewood Ave. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Marie Velenosky James Peterka 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Lutherville, Mo (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 215-10-8702 Joseph Peterka 1319 Charmuth Rd. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY: DYSFUNCTION STEM 6.1Km IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF acute Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? acute 10 cubaura haemaToma 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH Sel ome (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ö AT HOME, STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 0/ 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on 4 and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated ATTEN BERETTICATION CAPPROVED BY MEDICAL EXAMINA PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS KINS HOSPITAL 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Balltimore, Man STATE Holv Redeemer Schimunek 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)

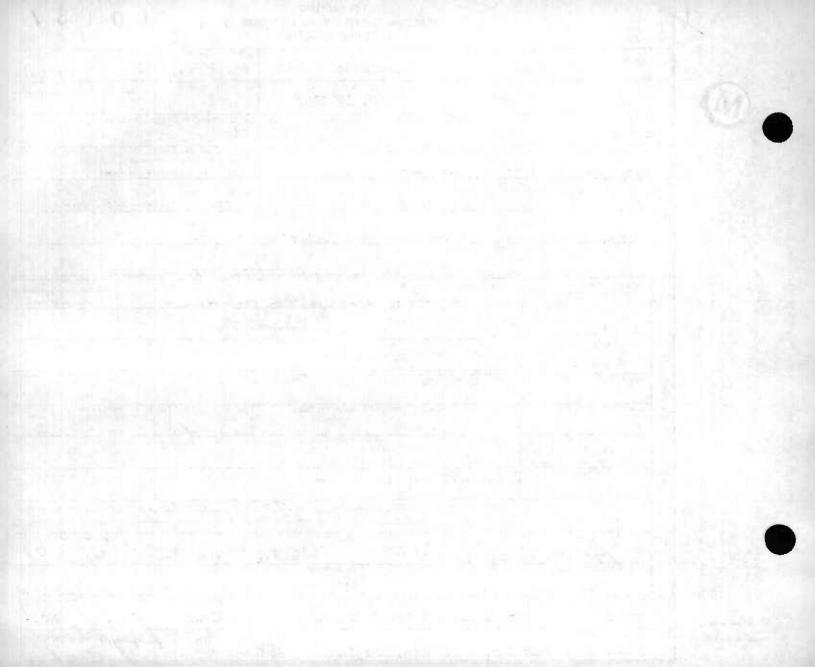
3

8C0 1

- -







153-50-4115

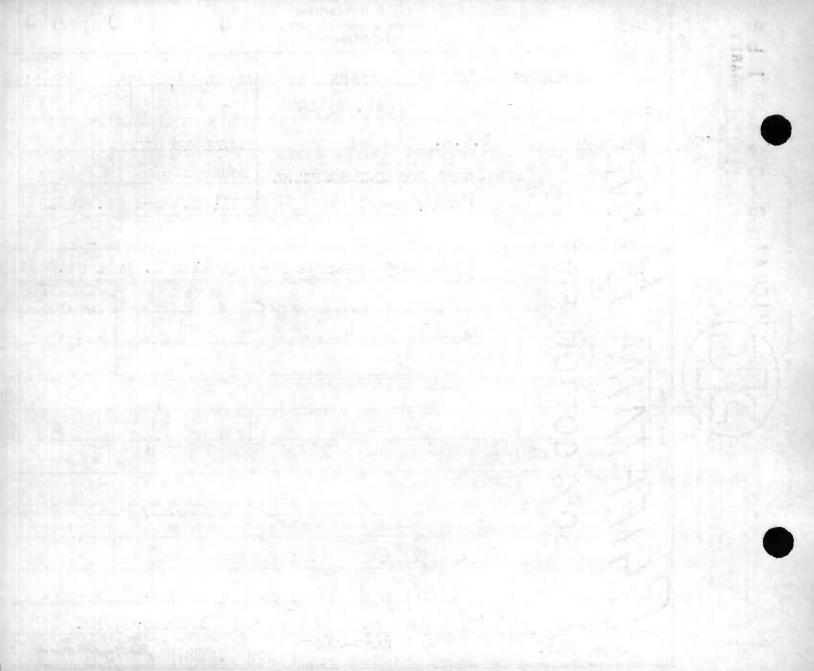
Total Section 2012

	5	1-	FOR STATE REGISTRAR		ME		STATE MENT OF HE EXAMINE	ALTH /		ENTAL H			REG. 1	1 0	i	3	9	
	₩ & S & F		CEASED NAMI	e FIRST ANDE	REAS	MIDDLE	∆πq	HIVEG	AUER			OF	KNOWN ESTI-			1981	26 HOUR	
	N STREE	3. SEX	x nale	4. RACE white	S. DATE OF BIRTH MONTH DAY Feb. 25,	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UND	ER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH	-21		A _M	
•	S NECESSARY, P FUNERAL DIREC E. S FOR YOUR D, WITHIN 72 H W. PRESTON ST	7a B	IRTHPLACE (5: OREIGN COUNTRY) German	TATE OR	76. CITIZEN OF W	HAT COUN	VTRY? 8.	MARRIED		VER MARRIE DIVORCE	ED X				NTY OF	Y OF DEATH		
	> 10 11 8 11 0		altimor		11. NAME OF HO	OSPITAL, NURSING HOME, OR OTHER INSTITUTION I FACILITY, GIVE STREET ADDRESS) And Genr 1 Hospital			TION	12d. USUAL OCCUPATION (TYPE OF WORK) FOR MOST OF WORKING LIFE) Head Waiter					12b. KIND OF BUSINESS OR INDUSTRY Restaurant			
21201	ATH. IF ANY DELA S. 1, 2, AND 3 TO PM. 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS,	1130 S	AL RESIDENCE STATE arylan	113b COL	TE OR OTHER INSTITUTION, CONTY		OR LOWN L TIMOR	1:	ad. INSIDE CI	NO [13°15 [R	01 S	šs. P	aul	Str	reet		
RE, MD.	MEATH. IF	14. F	FATHER'S NAME									NODLE			LAST			
BALTIMORE, MD. 21201	JRS AFTER DEATH 8. GIVE PAGES 1 WITH FORM PW T. PAGES 1 AND DIVISION OF VII	16a. V	MAS DECEASEI (ES, NO, OR UNKNO NO	D EVER IN U.S. A	ARMED FORCES?		-03-99		adel	Line	0. 5	Stie	mly .		ю.,	Md.	2121	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	WITHIN 24 HOLENCIL IN ITEM 11 MINER ALONG TRANSIT PERMIT NITAL HYGIENE, OR REMOVAL.	7	PART I DE	IMMED IMMED IN IT	DUE TO, Of the (b)	spira R AS A COM), and (c).) tion of NSEQUENCE OF	food							BET	APPROXIMAT	E INTERVAL T AND DEATH	
CORDS	JULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- E-HEALTH AND ME AL, CREMATION, (NO	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). emphysema and parkinsons disease															
/ITAL RE	SHOULD DRD "PE CHIEF A E USED A T OF HE/ URIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ndition for which operation was performed?							20 AUTOPSY? YES 🔀 NO			? NO 🗆		
ON OF	THE WEND BOULD B		UNDERLYING CONTRIBUTION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 Subject choked on food P.M. 19									PART 2)					
DIVISI	HARAKE 9	MEDICAL	21d. INJURY C	NOT WHILE AT WORK		of injury sing,		Set	on M	an or]	Ba'l't'i	more,	, Mar	ylän	ıd	STATE	
•	EXAMINER ERTIFICATION BE FOR DIRECTOR WITH THE WARYLAND		22a. I certi death result ACTUAL SIGNATURE	•	orge of the remains de itural causes ,	Accident		Autopsy de ,	Hamic TITLE (SI		Undete	Inquiry ermined mo	onner [and in my], DAT SIG				
	TO MEDICAL EXECUTE THE PAGE 4 SHOL TO FUNERAL AFTER DEATH, BALTIMORE N	22. 0	EXAMINER'S (TYPE OR PRI		1224 DATE	las	NAME OF CEME		DDRESS_	200	124.10	CATION						
1101	BP	(Buria Buria UNERAL DIREC		Apr. 23,		Glen Ha		Men		A	nne	Arun	del	CO.	, Md	TATE	
1101	DHMH - 17 (VR A15 ME (5)) 15M 2/80				nson 85	ž1 Lo	och Ray	en	Blv	APR	2.2.	1981	F	stry	ne	bridge		

A principal of sold one Bill Staniere Octo The state of the s The state of the s of the server seemed a stimular of the server server 9-21 El suo, ecb chelled pen fox and the provided the control of the

Alegania Indrustra mase a la res apresa masa di la rate

PARK 2 2 YORT



		FOR STATE	DE	STATE OF N PARTMENT OF HEALTH	AND MENTAL HYG	IENE 8	10	141
and the	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICAT	E OF DEATH	REG. NO	O.	YEAR 26. HOUR
	3. SE	DOR DOR	IS KAY	PFOF	F	6. AGE (IN YEARS LAST BIR	4 20	8160P
ours off	1	EMALE	WhITE	JAN 3	4 1934	47	YRS.	DAYS HOURS MIN.
55	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA.	MARRIED WIDOWED	DIVORCED		MORE	CITY M
33	1	BALTIMORE	THE JOHNS	NURSING HOME OR OTH ESTREET ADDRESS)	HOSDITAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING LIFE) IN[CUSTRY Home
ould be	130.	AL RESIDENCE (IF NURSING HOMEO	OR OTHER INSTITUTION, GIVE RESIDENCE INTY	E BEFORE ADMISSION) R TOWN 13d. IN	NSIDE CITY LIMITS?	13e. STREET ADDRESS	ELMAR	Rd
45 2 Oud 2 C	14 F/	ATHER'S NAME FIRST LAUKEN	MIDDLE MATH		OTHER'S MAIDEN NAM			Ruth
Poges 1		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)		Homas P)	ADDRE	ss s	# 13
e remove carbon pope cremotion, ar removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	SEQUENCE OF REAL	reement Swy	ary		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH I MITHER CHARLE I MYTHER CHARLE 24 hrs.
prior to buriol, or o	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	VHICH OPERATION WAS	ELATED TO THE TERM		20b. IF YES, WER	PART 1(a)
tem 18 shows	MEDICAL CERTIFI	4/20/8/ 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	OW INJURY OCCURR	YES NO	YES	PART 2)
th and W	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,		OCATION STREET	CITY OR TO	wn cc	UNITY STATE
ched for use Dept. of Heol		220.1 certify that (this hosp saw the deceased alive ar above, (M (we) (did) (22b. SIGNATURE	(1/2 -	5 1		, to		, that the (we) last rom the causes stated to DAYE SIGNED
should be defoct with the State D		22d. PHYSICIAN'S NAME LAYPE	OR PRINT) THAN	1AS 22e. A	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAF	IAN	1/20/8
APO MAPO		17/1/1	(101	11.	10 0000	TUFFL	100	

YAY TERESTELLINE YAY ALWEST OF THE COMMENT a thought the contract of the and have drawn the business of the first first first LIGHT PROPERTY DESCRIPTION OF ATHER PROPERTY. all the state of t を元に Kin the The The Salyes Considerly well to the All All VENLOY LINGTH LANGE PARTIES LINGTH

		1 -	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 REG. NO.	0 1 4 3
noy be poge 3 er deoth		(TYPE	CASED NAME STEVE		PINDER		6/81 1 PM
ige 4 mo rector, p		3 SE)	MALE	BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS.	MONTHS DAYS HOURS MIN.
	33	CC	W D	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED L	1 (117	MD.
	#/3	84	LTIMORE	SO BALTO G	IRSING HOME OR OTHER INSTITUTION TREAT ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
filled in nould be	3	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 131 COUN		MORE 134 INSIDE CITY LIMITS?	130. STREET ADDRESSELIZE	abeth Ave
uted within 24 hou completely filled in 1 and 2 should be	examine 20	14. FA	THER'S NAME STEVEN	MIDDLE PIN	IDER GERTY	RUDE MIDDLE	4olland
n ond	Z medical	16a V (1	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL (WAR OR DATES)	62835 REPUBLIC	el Pinder.	-227 Elyd
physici npopel movoil.	event, the			ly one couse per line for (o), (b) D BY CARD	IAC ARREST		30 min
of the death control to the offending seremote corp.	other troumotic		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.		EQUENCE OF A RCINOMA	with METAS	STASIS 3 mos.
quire signi fhen p	injury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
he low r on hos bee t permit	yows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The physicio certificate I	ltem 18 sh		2)8. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA			JRRED (ENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2)
Of Pt	morked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN proof TOR: of He	21 15		sow the deceased give on apayer [1] well did did not	ottended the deceased fr 3/24		n death occurred on the date and ha	our and from the couses stated
TAI (TI) TAI DIRECT detoched for	IT: If hem		27h SIGHLATURE	owshe	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/16/81
TO HOSPITAL retoined by the TO FUNERAL should be detoil with the Stote E	MPORTANT		Q. L. Weve	owske m	9001	s Hanover	84.
BP	≧	234. 8	CREMATION, REMOVAL	23h. DATE/ 2/2/8/	231. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	HH Ind
DHMH-16 29 (VRA 15, 4) 7		11	NERAL DIRECTOR	B. Odo ADDRES	Balt lud AP	R 2 0 1001	Hay Brudy

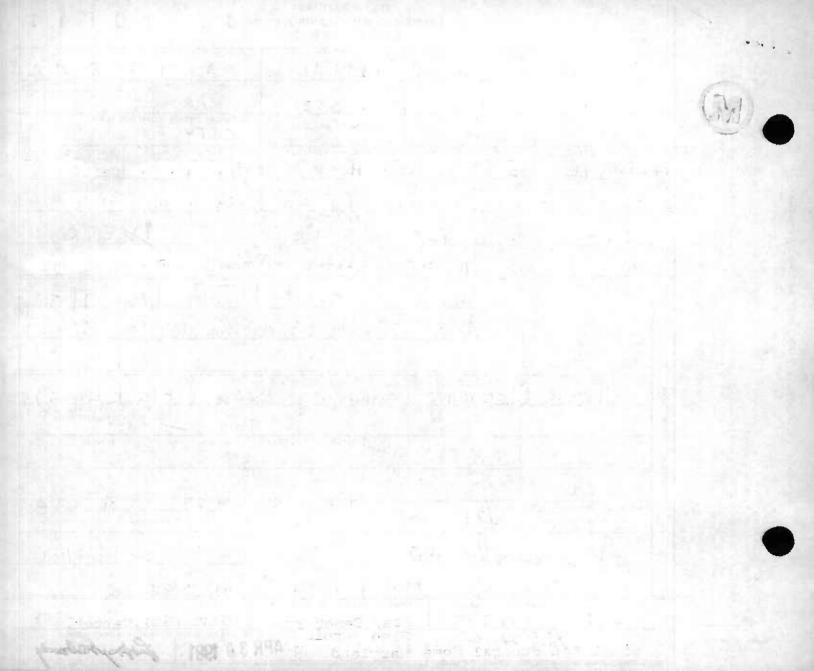


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



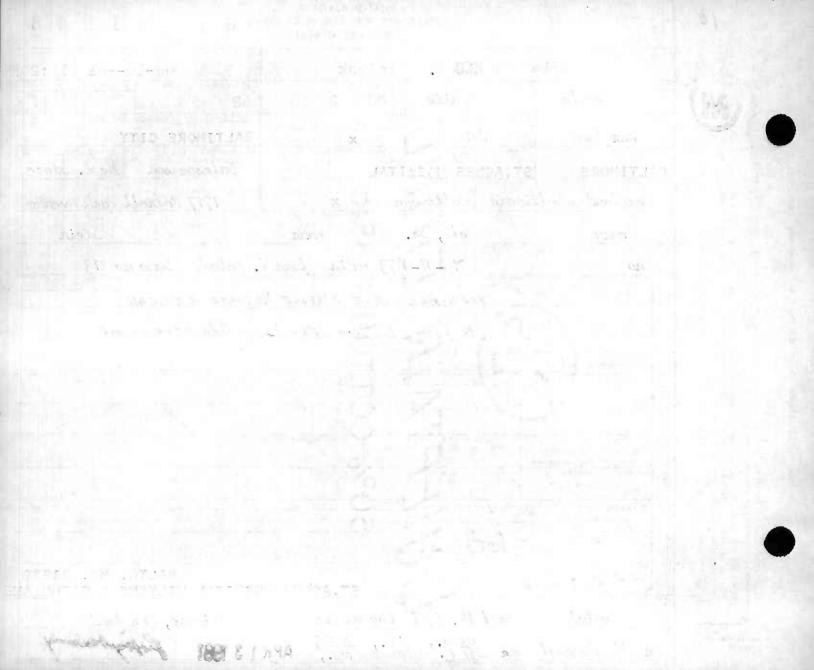
B4-32-7	i t	EWAGET	Ě.F	, 1157	
	17	3021 , 8 , 1508		did W	Family
i	a snomidle d			U	a net wall.
ero 3 stra	Manager 37	Hospital	r Firm	loua	Editin or a
ospil dan	8210 Cadarhu	X 3/	l'i or		OFF OFF
Francis		Estall	уэллан		≥EmoniT
Toward, IV.	, הוצפ גרפות היות	st .anv s	18 01 666		No
.BAAodfe	in Rayen Blvd., I	5801 Loc	M.D.	M. Hahn,	Dr. Davi
Md. a.				W Var	luru-
of my hard my	APK 1 0 1981 /	1212			TIPACIC 503

10	1	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	IENE 8	1 0	146
y be ge 3	1. DE	ECEASED NAME FIRST PE OR PRINT) ALFRE	ED	CHARLES		ITT	20. DATE OF DEATH		Zb. HOUR O
(1)	3. SE	Male	4 RACE Wh	ite	5. DATE O		6. AGE (IN YEAR) LAST		YEAR IF UNDER 2 HRS. DAYS HOURS MIN.
S (IAI)	20. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	тн
1 1 2		Maryland	U.S		WIDOWE	DIVORCED		more City	MD.
by the filled		Baltimore	Bon S	ecours Ho	spita	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOS Police	T OF WORKING LIFE) INDU Balt	timore City
AND 21:	13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU Maryland	R OTHER INSTITUTION	13c. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO		s Baltimore derick Ave	e, Md. nue 21229
ompletely I and 2 sh		ATHER'S NAME FIRST A1fred	MIDDLE	P1it		15. MOTHER'S MAIDEN NA/ Emma	WIDDLE		Hirtch
be execu be execu on ond c	160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SECUI 219-22-0		Lillian W.		Frederick	Md. 21229 Avenue PPROXIMATE INTERVAL WEEN ONSET AND DEATH
AL RECORDS, 201 W. PRESTON ST The low requires that the death cert cion. The solution of the attending in permit. Then please remove corbon in permit. Then please remove corbon giene prior to buriol, cremotion, ar rea	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION	$ \begin{cases} (b) \\ DUE TO, C \end{cases} $ (c) $ (c) \\ CONDITIONS C $	Dreum	NCE OF SULLE BUT	Dent Par Dent NOT RELATED TO THE TERM TO T	LANCE FARLINI INALDISEASE OR CO 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \) NO \(\text{X} \)	20b. IF YES, WERE F	INDINGS USED
DIVISION OF VITAL PITAL OR ATTENDING PHYSICIAN: The by the haspital or ottending physician IERAL DIRECTOR. After this certificate has be detached for use as the burial-transit p State Dept. of Health and Mental Hygien ANT: If Hem 21 is marked or Item 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (id) (did no 22b. SIGNATURE) 22d. PHYSICJAN SHAME THE	ATH HOUR A R) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211. HOW INJURY OCCURR 211. LOCATION STREET 211. LOCATION OF THE PROPERTY OF	city or	date and hour and fran 22c. I	TY STATE , that (f) (we) lost
TO HOSPITA retoined by TO FUNERA should be d with the Sto	23o.	BURIAL, CREMATION, REMOVAL				JR BN	SECONS 23d LOCATION CUY OR JOWN Baltimo	20 Hap.	Mary land
2008 BP	24. F	Burial UNERAL DIRECTOR	4/20/	Balto.,		Park Cemetery	Baltimo		Haryland
DHMH-16 30M 2/80 (VRA 15, 4)		bb ard Funeral H	ome, In	c. 4107 W:	i1ken	s Ave. APR	2 0 1981	fritragh	thudy

exe to be a second of the analysis of the second of the se a adolania THE REPORT OF THE PARTY OF THE PARTY.

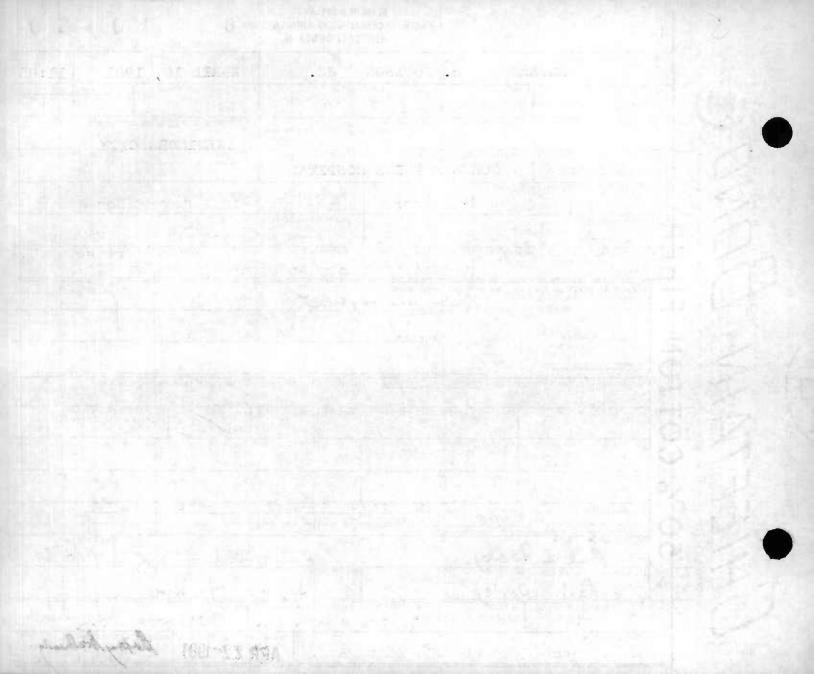
	١ .	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	IENE 8		0 1	4 .
5.54		REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO		13.5	
		CEASED NAME ORPRINT)	FIRST		MIDDLE	**	LAST	20 DATE OF DEATH	MONTH DA		26 HOUR
e a cu		Edwar				Poha			4 2	2 81	11-
	3 SEX		1	RACE		S. DATE (0-19-08	6. AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	HOURS /
200		Male		Whit		1	0-19-08	72	YRS.		
D 12	C	RTHPLACE (STATE OR FO			WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY O			
Tile of the second		ennsylvan		U.S.A		WIDOW		Baltmore			
() (B		TY OR TOWN OF DEA Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET DO WOODSO!	ADDRESS)	OR OTHER INSTITUTION 21212	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Salespers	F WORKING LIFE		
The me	13a S	AL RESIDENCE IF NURS	136 COUNT		I 3c. CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1005 Woods	son Re	d.2121	2
×		THER'S NAME					15. MOTHER'S MAIDEN NA				
Tego C	S	tanley	MI	IDDLE	Poharsk	i	Mary	MIDDLE		Ric	ter
medi	lás V	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		-
event, the r	()	NO NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	179-09-	0721	Helen K Pohan	rski 1005 Wo	oodson		212
other		gave rise to imm								200	
ws any injury, or	CATION	couse to , stotin underlying couse PART 2 OTHER SIGN	of the lost. WIFICANT CO	CUNIONS CO	515, 6	DEATH BUT	NOT RELATED TO THE TERM PULMULG ON WAS PERFORMED	NINAL DISEASE OR CONI	20b. IF YES,	, WERE FIND!	NGS USED
ws any injury, or	RTIFICATION	couse (a), stating underlying couse	of the lost. WIFICANT CO	CUNIONS CO	ONTRIBUTING TO C	DEATH BUT	PULMONOLE		20b. IF YES, IN CERTIFY		NGS USED
18 shows any injury, or	CAL CERTIFICATION	couse (a), stating underlying couse	IG THE LOST. WIFICANT CO TION DERLYING CAUSE OF DEATH	ONDITIONS CO CONLO	ONTRIBUTING TO D S1S C ITION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT	PULMONOLE	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH
Yglene prior to burial, ci	MEDICAL CERTIFICATION	PART 2 OTHER SIGN PART 2 OTHER	INTERCANT CO	DNDITIONS COLUMN CONDITIONS COLUMN CONDITIONS CONDITIONS COLUMN CONDITIONS COLUMN CONDITIONS CONDIT	ONTRIBUTING TO DE	OPERATION YEAR	PULMUNDE ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH
is marked or Item 18 shows any injury, or		PART 2 OTHER SIGN PART 2 OTHER	TION DERLYING CAUSE OF DEATH ALEXAMINER) RED HILE CHISTONICAL (this hospite)	IPB COND THE PLACE (AT HOME, STI	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC. 1	PULMUNUS IN WAS PERFORMED 216 HOW INJURY OCCURI 211 LOCATION STREET	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDS (ING CAUSES) TRIT I OR PART 2)	NGS USED S OF DEATH NO STAT
salth and Mental Hygiene prior to burial, or is marked or Item 18 shows any injury, or		COUSE 101, stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURI WHILE NOTIFY MEDIC 21d INJURY OCCURI WHILE NOTIFY HOT (I) Sow the decease 12b SIGN AT UPE	INFICANT CO	ONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN T	ONTRIBUTING TO E ST CONTRIBUTING TO E ST INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATION OPERAT	PULMUNUS IN WAS PERFORMED 214 HOW INJURY OCCURI	20a AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the de	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PA	COUNTY	NGS USED S OF DEATH NO STAT
is marked or Item 18 shows any injury, or		PART 2 OTHER SIGN OR CONTRIBUTING CIP ETIMER, NOTIFY MEDIC 21d. INJURY OCCURP WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC 22d. I certify that (1) sow the decesses	INFICANT CO	ONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN T	ONTRIBUTING TO E ST CONTRIBUTING TO E ST INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATION OPERAT	211 LOCATION 212 ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the de MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA VN	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAT that (I) (we excouses state E SIGNED 23/8]
IRTANT: If Item 21 is marked or Item 18 shows any injury, or		COUSE 101, stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNK OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d IN JURY OCCURE WHILE AT WOO 22a. I certify that (I) Sow the decease above (II) in the	DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospitoled of one of the one o	ONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE CONDITIONS COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN T	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, F. e deceosed from	OPERATION OPERAT	PULMUNUS IN WAS PERFORMED 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE - ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the de MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA VN	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAT that (I) (we excouses state E SIGNED 23/8]
RTANT: If Item 21 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	COUSE 101, stotin underlying couse PART 2 OTHER SIGN RESIDENT WAS UNCORRED PART 2 OTHER SIGN PART 2 OTHE	PERLYING (this hospital ed of real party of the perlying of th	IPB COND 216. TIME COOL A P 216. PLACE (AT HOME, STI 216. DATE	ONTRIBUTING TO DE STATE OF INJURY MONTH DE MANONTH DE M	OPERATION OPPORTUNITY OPERATION OPER	211 LOCATION 212 ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the de MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA VN 101e ond hour FF CIAN C. & G.	COUNTY COUNTY	STAT that (I) (we excouses state E SIGNED 23/8]
salth and Mental Hyglene prior to burial, or is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	PART 2 OTHER SIGN PART 2 OTHER	PERLYING CAUSE OF DEATH AL EXAMINER) RED HILE CHIS hospita ed of the on-	DNDITIONS COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN THE COL	ONTRIBUTING TO DE STATE OF MAINTENANCE PACTORY, OFFICE, FACTORY, OFFICE, FOR THE PACTORY, OFFICE	OPERATION OPERATION AY YEAR 19 ARM. ETC.1	211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION 212 ADDRESS 224 ADDRESS Sinai Hospi: 226 ADDRESS Sinai Hospi: 226 ADDRESS CEMETERY OR CREMATORY 211 LOCATION 212 ADDRESS 212 ADDRESS 212 ADDRESS 213 Hospi:	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOW A death occurred on the death occurred occurred on the death occurred occurred on the death occurred oc	20h. IF YES, IN CERTIFY YES RY IN ITEM 18, PA VN 10te ond hour FF CIAN C	COUNTY	state signed as state Page 1
RTANT: If Item 21 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	PART 2 OTHER SIGN PART 2 OTHER	PERLYING CAUSE OF DEATH AL EXAMINER) RED HILE CHIS hospita ed of the on-	IPB COND 216. TIME COOL A P 216. PLACE (AT HOME, STI 216. DATE	ONTRIBUTING TO DE STATE OF MAINTENANCE PACTORY, OFFICE, FACTORY, OFFICE, FOR THE PACTORY, OFFICE	OPERATION OPERATION AY YEAR 19 ARM. ETC.1	211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION 212 ADDRESS 224 ADDRESS Sinai Hospi: 226 ADDRESS Sinai Hospi: 226 ADDRESS CEMETERY OR CREMATORY 211 LOCATION 212 ADDRESS 212 ADDRESS 212 ADDRESS 213 Hospi:	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOW TO DIRECTOR PHYSIC tal Belvedes 234. LOCATION CITY OR TOWN	20h. IF YES, IN CERTIFY YES RY IN ITEM 18, PA VN 10te ond hour FF CIAN C	COUNTY	state signed as state Page 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) MXXX / Marie Polcak 04-10--81 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH F emale 7 8AR 02 62 M. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland BALTIMORE CITY WIDOWED X DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Dept. Store Salesperson BALTIMORE .AGNES HOSPITAL Baltimore 13e. STREET ADDRESS Baltimore Maryland 1717 Mornell Park Avenue 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stein Henry Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Miss Clara V. Polcak Same as #13 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY: AS CAUSED BY:
IMMEDIATE CAUSE (0) TERMINAL STAGE DIFFUSE METASTATIC DISEASE Poorly Differentiated Lung AdenocARcinomA Conditions, if any, which gave rise to immediate couse (o). stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT should be c 22e ADDRESS BALTO, MD, 21229 FORTE WILKENS & CATON 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Loudon Park DHMH-16 30M 2/80 (VRA 15, 4) Md ully tuneral Home

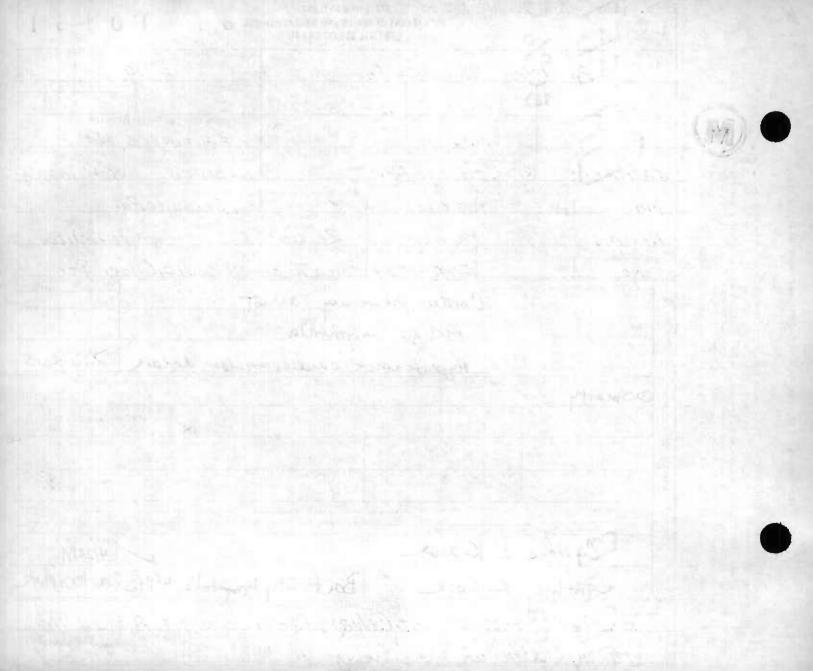


		FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. NO	
eoth 3		OR PRINT) GOLDIE	MIDDLE	POLKOWSKI,		IL 28, 1981 XXX M
Page 4 may be director page 3 nous ofter death	3. SE	· F	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR 12/15/34	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
funeral direct ithin 72 hours		COUNTRY VA	76. CITIZEN OF WHAT COUNTS USP	MARRIED LINEVER MARRIED L	BALTE	CITY MD
by the filted wir	1	TY OR TOWN OF DEATH 3 A L TC, AL RESIDENCE IN NURSING HOWE OR	CHURCH	HOSP.	TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY
in 24 hours be remust be	13a. S	TATE 1136 COUN	13c. CITY OR TO		7252	GOUGH 5>
omplete Omplete Somin		RALPH	MED FORCES? 166 SOCIAL SE	FIRST		YLE LAST
ion and co		(IF YES, GIV	EWAR OR DATES) 219 40	1402 SIMON 1	POLKOUSKI	ABOCE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the deoth certificated by the attending physicalease remove carbonooprial, cremotion, ar remove ar other troumatic event, in	CENTRAL SECTION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	D BY: E CAUSE (b) METASTA DUE TO, OR AS A CONSECT (c)	ATIC CANCER OF THE DUENCE OF		MONTHS
law requires s been signe grant. Then p p priar ta bur s any injury,	CERTIFICATION	190 DATE OF OPERATION		O DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN: The lang physician. certificate has rial-transit per tental Hygiene from 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	YES NO X	YES NO
DING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ADDII 2	CITY OR TO	
ATTENDI aspital ar ECTOR: A for use of for use of Heal	2	220.1 certify that (1) this hospi sow the deceased glive on above, (1) (we) (did) (did no 22b. SIGNATUREA	APRIL 28 11) view the body after death.		81 , to APRIL2 on death occurred on the do	ste and hour and from the couses stated
by the hby the hby the by the by the holm	3	224 PHYSICIAN'S NAME (TYPE O	Helou,	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FIAN W 44-2888181
TO HOSPITA TO FUNERA should be d with the Sto	22- 6	DR. A. J. H	ELOU, MD.	BROADWAY BA	LTIMORE, MAR	CORPORATION 100 N. YLAND 21231
BP		PURIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR	23b. DATE 5/2/81	S. NAME OF CEMETERY OR CREMATOR SACRED HEART A	ATE REC'D. BY REGISTRAR	TO, COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		-6. CONNEL	1 300 ADDRES	MACE	1AY 6 1981	Ropay boling

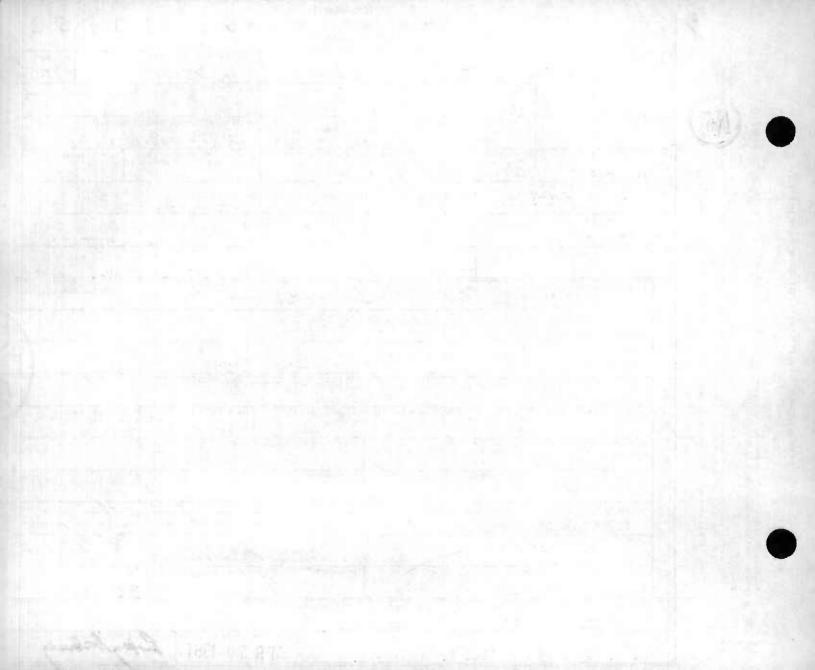
AND THE THE PARTY OF THE PARTY 不可以 中国 新社 EALTE EALTER HOSE STATE THE MANUEL SAN THE STATE OF THE KAPEN FIREST CARRES HOLLY To be he were strated the makes the best of the second BUNDAL START SHOWS HAR WAR BUTTON BEET CHANTER THE WALL THE THE STREET

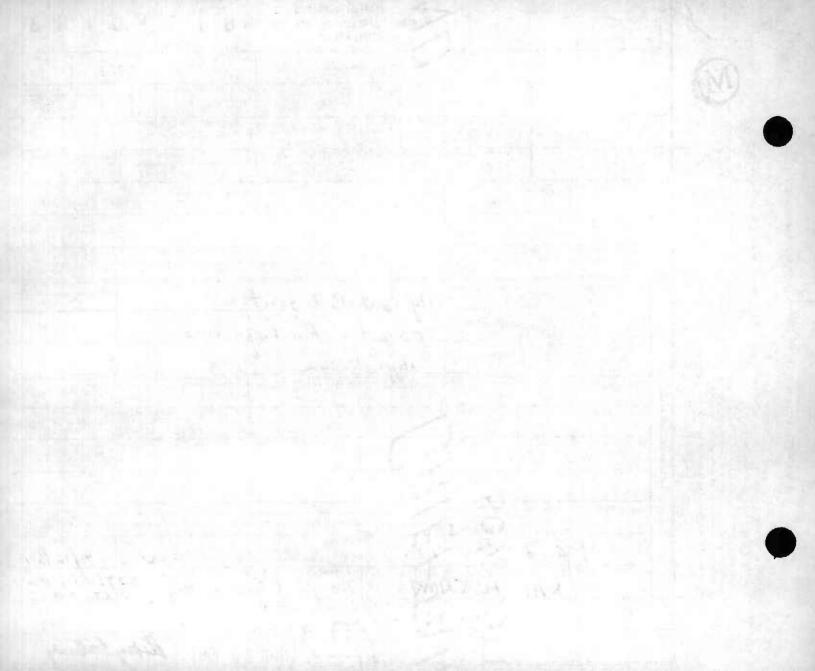


16		inf	o. added Film	G544 4/27/81 rc	STATE OF MARYLAND	O I I	0 1 12 1
		1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		0 1 5 1
		1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	o pp		OR PRINT) FRENCH	die BANCHA	of Parlyon	4-	10 81
	moy be poge 3 er death	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4		M210	NEGRO	MONTH DAY YEAR	71 YRS	MONTHS DAYS HOURS MIN.
	d 19 6		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	#	3	Virginia	U.S.A.	WIDOWED DIVORCED	Baltinor	re, Noti MD.
	lled with	10 0	17 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
ARYLAND 2120	our in be		AL RESIDENCE (IF NURSING HOME OF TATE 1136 COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	VVC//////O
QN	filled ould b		od.	Balto	ment	817 Bethuxe	Rd.
RYL	letely d 2 sho	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
X	Pa de	1	Vonnis	POYNEY	/,9000.0		Harsilton
LTIMORE	Poges medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	URITY NO. 17. INFORMANT	ADDRESS	/ ' 0.
WIL	0 000		NO	217-09-0	0734 Edith 1. Col	11CK 243/E,0	liver Sti
8	physici on poper emavol. event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), or ED BY.	20 2111	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS Z	certii nog p rbon r rem		IMMEDIA	ATE CAUSE (0) (OF CAUSE)	premonary ans	40	
PRESTON	death ottend ave ca tion, a		Conditions, if only, which	DUE TO, OR AS A CONSEQU			
PRE	a) E C +		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU		The Early Toll	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
×	that the	-3	underlying cause lost.	the sect	ensure cardiovo	scular distal	2 10 years
5, 201	uires th signed I nen plec a burial ury, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
ORD		ě	DObesity.				
RECORDS	M G L G	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	ysicion. cate hos ansit per Hygiene 8 shows	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	13)r HOW INJURY OCCUP	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM)	YES NO
P V	2 4 E E E E C/		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D	AY YEAR	KED (ENTERTALIBRE OF INJUNET IN TERM)	o, PART I OR PART 27
NO	¥ ¥ \$ \$ \$ ₹ \$	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
DIVISION OF VITAL	ar atten After thi e os the l olth ond marked c	A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
۵	rending of the off the			oital) attended the deceased from		, to	, 19, that (I) (we) lost
	0 5 0 0			n19 ot) view the body ofter death.		death occurred on the date and h	
	ral OR All y the hosp and DIREC detoched for the DIREC of		22b. SIGNATURE	a) (Cayo	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	Se E P	-	22d. PHYSICIAN'S NAME (TYPE	OR ORINT!	PHYSICIAN [DIRECTOR PHYSICIAN	7/29/1
	5 5 5 5 8		Cynthy	¿ Krause	Balto City	Hospitals, 494	to Easten Are
	sho sho	23a.	BURIAL, CREMATION, REMOVA	**	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	charte state
70%	BP		SPECIFY) BUSIAN	4-23-81 M	t. Calvary Cot V	1 Cedas HIII	2A. Com Node
DI	MH-16 50M7/77	74. F	UNERAL DIRECTOR	ADDRESS	250. DAT		Stray's SICytolia Strandy
	(VR A 15 (4))		HOWAN ON	1 Certlick 2431	6. Hever St	IPR 2 4 1981	



8	1	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8	10	1 5	2
e 7 =		CEASED NAME FIRST	INA 3	ile Ž	Dar bugu	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	HOUR
moy b	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT		ER I YEAR IF UN	NDER 24 HRS
9e 4		EMALE	BLACE	MON		86	YRS.	DAYS HOU	
P. P.	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	MARR	ED NEVER MARRIED	9 BALTIMORE CITY O		EATH .	
p 5	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOS	WIDOW SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION		KIND OF BUS	SINESSOI
11 90		PALTIMORE	MELAIR	CONVA 18 SA	rium	(TYPE OF WORK FOR MOST O	F WORKING LIFE) [N[DUSTRY	
24 hou	IASU 13a.	AL RESIDENCE (IF NURSING HOSTATE MD	OR OTHER INSTITUTION GIVE DUNTY 130	ERESIDENCE BEFORE ADMISSION BALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		5713	
tely 1	14 F	ATHER'S NAME			YES A NO 15. MOTHER'S MAIDEN NA	1 737 MC CA	ARE AVE		
d Septemble	1	WILLIAM	MIDDLE	LAST	FIRST	MIDDLE	MI BUH	LAST	
+ 0_	160	WAS DECEASED EVER IN U.S		JONES SOCIAL SECURITY NO.	CARRIE 17 INFORMANT	ADDRE		4ITCHEL	Л
e execu		YES, NO OR UNKNOWN) (IF YE:	S, GIVE WAR OR DATES)	18-01-9872	AMANDA MONTO	COMEDY 727 N	ACCADE AT	7 177	
te be pers.	-	18 CAUSE OF DEATH (Ente		7 /	I AMANDA MUNII	GUMERY /3/		APPROXIMATE II	INTERVAL
es that the death red by the attend please remove co urial, cremation, c,		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR	JOHN EQUENCE OF	Cec	WYS UNITED TO A COMP	DITION CIVEN IN	DART 1/01	
been signamit Then prior to b	CERTIFICATION	198 DATE OF OPERATION		N FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WER	E FINDINGS U	JSED
The locion.	TIE	Service Service				YES NO	IN CERTIFYING		EATH?
Z S C O T 8 A		21a. ACCIDENT WAS UNDERLYING	LICUID A M	IJURY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)	
HYSICIA Iding pl nis certif buriol-t Mentol or Item	CAL	OR CONTRIBUTING CAUSE OF	PLAIN	19					
PHY:	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	NJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN E CC	YIMUC	STATE
or oth After e os th olth or		AT WORK NOT WHILE AT WORK		1	1/1 2	4	1/2	62	
ON O	1	220-1 certify that (I) the b	N' ALK	eceased from	, 19		19		(I) (we) lo
ATTI ospit ECTC ed foo nt. of m 21		obove (I) (we) (did) (dig	not) your the body after	r deoth.	and that in (my) (our) opinion	death occurred on the de			
the hall OR all DIRI			lees	_	ATTENDING PHYSICIAN	MEDICAL STAF	FF	DATE SIGN	18/81
SPITAL d by the NERAL be det e Stote TANT:	1	224 PHYSICIAN'S NAME (T	PE OR PRINT)			cott ADA		-	
TO HOSPITAL retained by t TO FUNERAL should be det with the State MPORTANT:	1	LUNS E.F	RIVERA		Cocke	eysuille .	21030	M	1.
De of Star Star Star Star Star Star Star Star	23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		1	67.00
/ BP		BURIAL	5/2/81	ARBUTI	IS CEM	BALTIMOR	E COUN		STATE
DHMH-16 30M 2/B0	24 F	UNERAL DIRECTOR		ADDRESS	25a. DAT	E REC'D. BY REGISTRAR		SICHATIZE	La
(VRA 15, 4)		WM. C. MARCH	F/H 1101		VE AP	R 3 0 1981	haland	11.000	7





26	1 -	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO.	0 1 3 4
01		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be oge 3 death	(TYP	CLARE		ICE,		4	15 81 7 5M
4 mp	3. SE	x Male	4 RACE White	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
0 1	Zar Q	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY		20, 1910	9. BALTIMORE CITY OR COUNT	
4	ge b	COUNTRY)		MARRIE	DEVERMARRIED		
9 11 12	10.0	Maryland	USA	WIDOWI		Baltimore C	740.
in the fe	-	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET) 	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
Py fileo		Baltimore	Union Memori		spital	(Type of work for most of working Executive	Printing
ND 21;	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN 1aryland	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 131. CITY OR TO Baltin	VN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 5001 Springl	ake Way
hin hin		ATHER'S NAME			15. MOTHER'S MAIDEN NA		
E, MARYLAND uted within 24 completely fille 1 and 2 should		Clarence L	Price, S	Sr.	Bessie	MIDDLE	Lamberd
MORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	
MORE exect on and co. Pages		YES NO OR UNKNOWN) (IF YES GIV	W II 213 05	4083	Mrs. Clare	ence L. Price,	Jr. Same
ST., BALTIMORE, entiticate be executed physician and compapers. Pages or emoval.		PART I DEATH WAS CAUSE	by one couse per line for (a), (b), a b BY.	ina	tion other	gh () caroted	APPROXIMATE INTERVAL METWEEN CONST AND DEATH
		4717	DUE TO ON AS A CONSECU	ENCEON	ellery c	2	
he death company the attending emove carbination, or ir traumatic.		Canditians, if any, which	(16) recens	(4)	endarte	rectory	
d de de E	٠.	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		/	
l W.		underlying cause last.	10				
S, 20 iires † gned in ple burio ry, ar	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART T(a)
or to	10 10						
NG PHYSICIAN: The law requires th attending physician. After this certificate has been signed I as the buriel-transit permit. Then plea th and Mental Hygiene prior to burial arked at them 18 shows any injury, are acked at them 18 shows any injury, are	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ \text{ NO } }
A OF VITA SICIAN: TI ng physicit certificate rial-transit ental Hygi	CER	21a. ACCIDENT WAS UNDERLYING	de l'impere de la company de	AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 11	B PART 1 OR PART 2)
SICIA ng ph certifi urial-tr ental	AL	OR CONTRIBUTING CAUSE OF DEA		AT TEAK			
HYS canding by the burn by the	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		
VISI G Pl Stren the and ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
or or Afth			tal) ottended the Aeceased fram,		1/15 10 81	10 4/15	10 8/ that the last
TEN TOR F He			Tiview the body ofter death.	5/,0	nd that in (py) (our) apinian	death accurred on the date and he	, mar (ii (we) iosi
RECT ed for a pt. a pt. a pt. a pt. a		22b. SIGNATURE	Triew the body ofter death.		DEGREE		22c. DATE SIGNED
AL OR AL DIR detach of De		3. Ca	sy (ale		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4-15-81
HOSPITAL ned by the FUNERAL Jid be det the State		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		21-ADDHESS	V₀.	
TO HOSPITA retoined by TO FUNERA should be de with the Stati	77-	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	ial Hosp.
2012 00	230	(SPECIFY)			minster	Westminster	COUNTY STATE
(1/201-	24 F	Burial UNERAL DIRECTOR Han				LE REC'D, BY REGISTRAR 25b. REC	Md.
DHMH-16 30M 2/80 (VRA 15, 4)		4905 York Ro	ry W. Jenkins ad Balto., Mo	4. 2	1212 AP	R 1 6 1981	A STATE OF THE PARTY OF THE PAR

CLASSING . U BENERALD Wolls :Vayees, 1915 altimora Ci Z EU Maryland Exacutive Eultimone Boion Magical Hospital enlin ore Elcot Springlaid Way Ka TALIVIAGE basams Claranca L. Price, Sr. Bessio Yes WW II 215 05 4080 Mrs. Clarence L. Price, Jr. In Same

Punial 419/81 Westminster Westminster, Floor Fearly V. Jenine R. One Co. LLK 1981 (44)

" - Sherry 1 47

:03:3 much . Introse c, i. XX allince ille mito. de la constante oute the section of the section of the 100, alo. v 1517 o in tor was ינים ב סבוכנף earn ai wee ITT . o irrior w 1 21-1-1 , at ease . nimoswind i--1 oneders ownia on allo, is o'n . in en ne-415 elain 1:-120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR FANNIE 1981 MARY PRIOLEAU APRTT. 4. RACE 3. SEX IF UNDER ! YEAR VEAD Female 39 Negro H BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTIMORE CITY MD DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 2305 Robb Street 13h. COUNTY Baltimore 13d INSIDE CITY LIMITS? MD YES X1 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Andrew Branch Lucy Cannon ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 219-26-7107 Lloyd Prioleau 2305 Robb Street 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY 国 Unknown. 50 mins IMMEDIATE CAUSE (o a DUE TO, OR AS A CONSEQUENCE OF Asthma this town of Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 A 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED A IN CERTIFYING CAUSES OF DEATH? 日 NOF NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 Z 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ED NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from S RELEA sow the deceased alive on, , and that in (my) (our) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MBBCh ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS or the HOPKINS HOSPITAL, BALTO 21205 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Westview Mem. Burial Pk. Co. MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b DHMH-16 30M 2/80 110 TRESSE. North Ave Wm. C. March F/H (VRA 15, 4)

	STATE OF MARYLAND 8	0 5 8
3	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
	REG. NO.	
\$ \$ \$ \$ \$ \$ \$ \$	(TYPE OR PRINT)	DAY YEAR 25 HOUR
moy be	3 SEX 4 RACE , S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
goor after	FO 15 1.16 + MONTH DAY YEAR PG	MONTHS DAYS HOURS MIN.
Page 4	76 BIRTHPLACE (STATE OR FOREIGN) TO CITIZEN OF WHAT COUNTRY? 8.	OF DEATH
\$ 35	North Carolina U.S.A. WIDOWED DIVORCED DIVORCED DIVORCED	Conto MD
by the fun filed within	10. GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If NOTIN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFT	176 KIND OF BUSINESS OF
Drs of	Volumere & Deaton Medical Center Housewife	
filled in rould be:	USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 132. LITY OR TOWN 133. INSIDE CITY LIMITS? 136. STREET ADDRESS 111 FIRST	Ave.
MARYLA mapletely from 2 shown and 2 shown and 2 shown and 2 shown are a shown as a shown	14 FATHER'S NAME FIRST MIDDLE De Men + 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours opers. Poges 1 and 2 should be file wal. wal. 11, the medical examine must beard 11, the medical examine must beard	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 111 (YES. NO OF UNKNOWN) (IF YES. GIVE WAR OR DATES) 242-16-9323 Mrs. Fannie Pearce Reis	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
W. PRESTON ST., of the death certification by the attending phese remove carbon precemblion, or remover the troumatic ever	Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF VICENS—ASCUD	24 Pars
201 W. Ps es that the ned by the please rem urial, crem	couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)	loyears
	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(o)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offending physicion. Iffer this certificate has been sign os the burial-transit permit. Then th and Memal Hygiene prior to b orked or them 18 shows any injury	₽ IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ON OF VITA HYSICIAN: The ding physicic is certificate burial-transit Mental Hygis or Item 18 sho	TO CONTROLLING TO CONTROLLING THOUR A.M. MONTH DAY YEAR	ART) OR PART 2)
NOF VSICIAN ing phining phining phining remiting vision vision of the left of	OR CONTINUOUS CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	
DIVISION C ING PHYSIC r attending After this cer os the burio ilth and Memi	21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK OR AT WORK AT WOR	COUNTY STATE
N N N N N N N N N N N N N N N N N N N	220.1 certify that (1) (this hospital) attended the deceased from 19	19 , that (I) (we) lost
	saw the deceased olive an 1901, ond that in (my) (our) apinion death occurred on the date and hour above, (1) (we) (did) (did not) view the body ofter death.	
ALOR / the ho ALDIRE detached detached site Dept	226. SIGNATURE PAUL SCHUMEN WD DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	221. DATE SIGNED
TO HOSPITAL OF retained by the 1TO FUNERAL DIS should be detach with the State De IMPORTANT: # #	PAUL Sehm Fold MD 401 CVAIN HIGH	WHY
0 f 0 f 3 X	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION,	
BP	BuriAL Apr. 20, 1981 Sunset Mem. Gardens Henderson V	Auce G. N. Carolina
DHMH-16 30M 2/80 (VRA 15, 4)	14 FUNERAL DIRECTOR Sublande Owings Mills, UN 254 PARE RECTOR BY REGISTRAN 256 REGISTR	PAR'S SIGNATURE

and the second s The second of th The RIPA CONTRACTOR OF THE PROPERTY OF THE PRO A PROPERTY OF THE CONTRACT OF THE PROPERTY OF

T V IZ IT IT I				
		PENSONS -		
		57.11		
ore city		250	laryland	
iter (Firefrit) ha	earta carpa	Il. Staniila	Jaltimore	
lwood Avenue	x 18 5. 21	Saltimore	tury kana	
Olerak	nelen	Przyborowski	الأنجالة الدر	
	Jun 0, 272, 2013 S. I		on.	
	STORY DONE			
			Land Land	
dante maryland		15/31		
	247	lighted coul	2 8 V 10 3 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

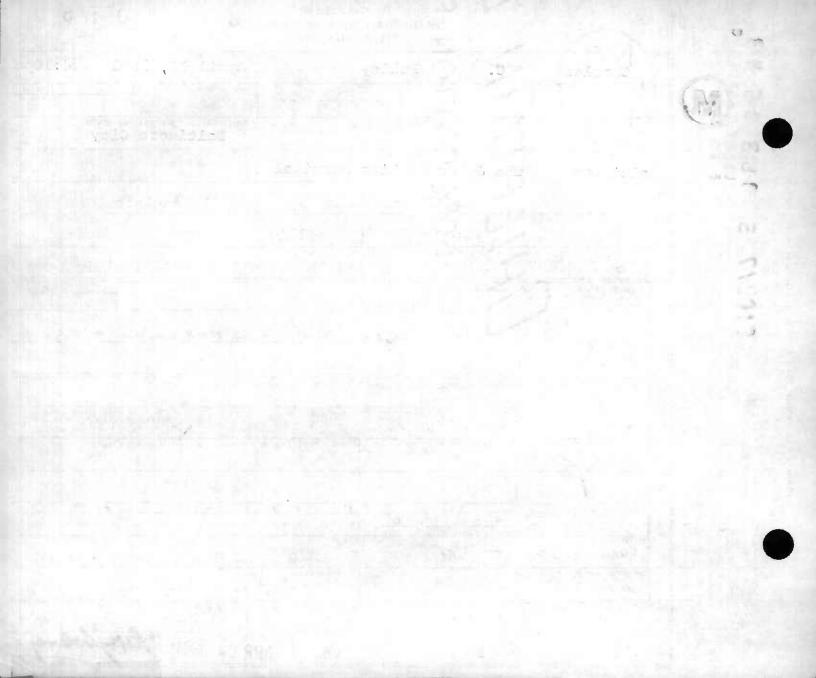
BP.

DHMH - 16 50M 1/B (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

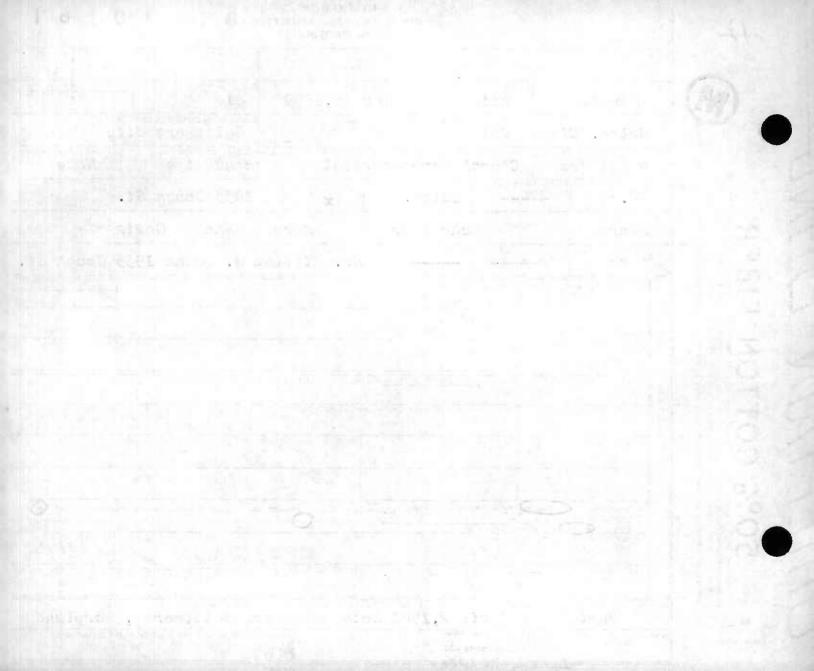
STATE OF MARYLAND		0	1	6	$-\Omega$
RTMENT OF HEALTH AND MENTAL HYGIENE	1	O	- 8	0	0
CERTIFICATE OF DEATH					

(179)	CEASED NAME FIRST Charles	C. MIDDLE	ulley		Apr.	il 18,	1981	4:1
3. SE	Male	Negro Negro	5. DATE OF BIR	тн 26 36		YEARS LAST BIRTHDAY)	MONTHS DATE	
4	IRTHPLACE (STATE OR FOREIGN N.C.	76 CITIZEN OF WHAT COUNTRY	MARRIED 🔀	NEVER MARRIED DIVORCED	В	altimor	e City	
E	Baltimore	The Johns Ho	pkins H			OCCUPATION RK FOR MOST OF WORK		OF BUSIN
13a. S	AL RESIDENCE (1F NURSING HOME O STATE 13b. COU		ore 13d	INSIDE CITY LIMIT		ADDRESS Inc.	lair La	ne
	Cleveland	Pulley		Willi		Mae	Woo	ãard
60 (WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	(2274 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		illa N.	Pulley	ADDRESS 7 4841	Sinclai:	r La
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSECU	egen fi curcihm	ilene (Pe	terminal diseas			oys.
CERTIFICATION	190. DATE OF OPERATION	Gastriz Cancer	-	S PERFORMED	20a AUT		IF YES, WERE FIND CERTIFYING CAUSI YES	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE		19		CCURRED (ENTER N	ATUR OF INJURY IN ITE	EM 18 PART I OR PART 2)
0	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	
MEDICAL	220 1 cartifu that (I) (this base	ottol) attended the deceased from.			Sl , to	ed on the date on	d hour and from th	ne couses st
MEDIC	sow the decessed olive or obove, (I) (we) (did) (did no 22b, SIGNATURE August R. Ste	wust, MD	DEGR	ATTENDIN PHYSICIA			4 91	18 8
23a.	Sow the deceosed olive or obove, (I) (we) (did) (did no 22b, SIGNATURE AUGUST PHYSICIAN'S NAME (TYPE	ORPRINT, M.D.	22e	ADDRESS Le Johns	an Director	Hospit		10/8



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

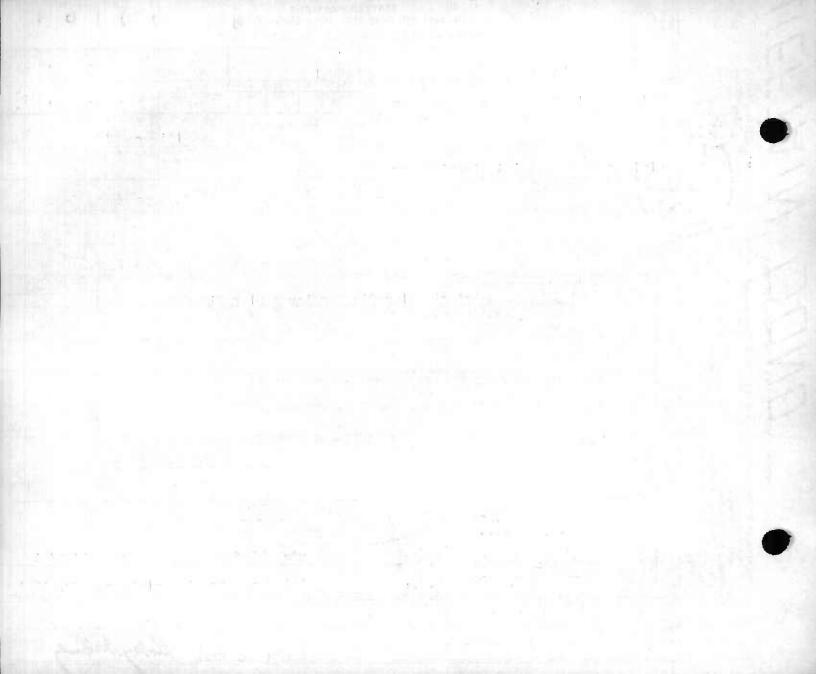


PROPERTY OF TRANSPORT AND A SECURITY OF STREET and the same of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 2b. HOUR L DECEASED NAME TYPE OR PRINT MARY SINCLAIR RAMBO APRIL 12 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 31 1917 white May female. 63 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XXX COUNTRY MD TISA DIVORCED [WIDOWED BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ACCT Clerk (ret Baltimore THE JOHNS HOPKINS HOSPITAL OF USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS Third Ave Gien Burnie 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Sinclair James Anne Rambo ADDRESS Glen Burnie, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 218/32/9846 Mr. James E. Rambo Jr. (brother) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: 2415 KELCACTORY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION VALVE Repla coment 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJUR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 81., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL should be deto with the Stote DIRECTOR PHYSICIAN PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Buria1 16 April Most Holy Redemmer Baltimor BP 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 Singleton Funeral Home, Glen Burnie, MD (VRA 15, 4)

historical and att war

	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGENE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											4
ASE ES. ET,		CEASED NAME PE OR PRINT)	Jame		MIDDLE			do l ph				WN A MO	1 23		26 HOUR
ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE S-COR YOUR FILES. VIO 2 SHOULD BE FILED WITHIN 72 HOURS WITAL RECORDS, 201 W. PRESTON STREET,		Male	Black	5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 67 YRS	s IF UNI	DER 1 YR.	IF UNDER 2	MIN. PRO	DATE NOUNCED DEAD			YEAR 1981	2d HOUR 6:34 A. M
WATER A SERVICE OF THE SERVICE OF TH	5	RTHPLACE (STATE		76. CITIZEN OF WH.	A		WIDOW	D K	VER MARRIE DIVORCE	D []	Balt	imore	City		MD.
PAGE BE FILE DS 201	Ва	ITY OR TOWN OF			uith	Street		R INSTITUT	TION	FOR MOST	OCCUPATIO OF WORKING LI	ON (TYPE OF W	ORK 12b. F	KIND OF BU OR INDUST	ISINESS RY
8335	130. 5	MD	13b. COUN	DR OTHER INSTITUTION, GIVE ITY	Bal	or jown timore	9	YES K	NO 🗆	13e STREET 40	ADDRESS.	Brad	ford	l St.	
100		ATHER'S NAME FIRST		WIDDLE		AST		FI	ER'S MAIDEN	NAME	MIDDLE			LAST	
1	16a. V	VAS DECEASED E ES, NO, OR UNKNOWN NO	(IF YES, GIVE	MED FORCES? WAR OR DATES) ly one cause per line for	214	-16-6		Kath		e Bos	tic 5	5304	East	bury	
STATE CONCESSION OF THE ACT AND MENTAL HEAVILL STATE OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gove rise cause (a) sta lying cause l		(b)	S A CON!	SEQUENCE OF		OR CONDITION	N GIVEN IN PART	[] (a)					
TO BURIAL,	MEDICAL CERTIFICATION	19a. DATE OF OF	AUSE WAS	21b. TIME OF I	NJURY	VHICH OPERAT				(ENTER NATU	re of injury in	ITEM 18 PART 1		YES .	NO [X
2	MEDICAL	UNDERLYING CONTRIBUTING 71d. INJURY OCC WHILE AT WORK	CAUSE OF D	DEATH P.M. 21e PLACE OF STREET, FACTO	INJURY	19 (AT HOME,	21f. LOC	ATION		cır	Y OR TOWN		COUNTY		STATE
ME, WORK LOUND, 2		22a Certify the death resulted for ACTUAL SIGNATURE		al causes XI.	ibed obav	e, held ap	Autapsy de .	Hamici TITLE (SF	PEC IFY)		nquiry ,		ny opinion ATE GNED	4/23/8	31
AFTER DEATH WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	23 a Bi			s D. Smith							eet, E	Baltim	ore,	MD.21	1201
-	24. FI	URIAL CREMATIO Buria UNERAL DIRECTO	AT	4/28/81	M	t. Ca	Lvar	y Ce	em.	23d LOCAT CITY OR TO B C'D. BY REG	altin	ore	COUNTY COUNTY	. M	D
H - 17 ME (5))	Wn	n. C. Ma	arch F	/H 1101	E.	North	Ave		ADD 9			Linkson	Mak	heady	



3	1.	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 1 6 5
oy be		CEASED NAME FIRST E OR PRINT)	Mes M	RAWling S	20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	16 8 PM
2		Male	White	May 25, 1894 YEAR	86 yr	MONTHS DAYS HOURS A
M \$35		IRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (City
by the filed with	В	altimore	St Agnes Hos		120. USUAL OCCUPATION (TYPE OF LYPING FOR MOST OF WORKIN R tired Pol	12b. KIND OF BUSINESS INDUSTRY Dep t
filled in hould be	13a M	aryland 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BILLION 13c. CITY OR T Beltim	OVE 13d. INSIDE CITY LIMITS?	5160 Edmondson	Ave., Balto.
ampletely and 2 s		ather's Name late Joseph Re	wlings LAST	15. MOTHER'S MAIDEN N late Emma	MIDDLE	LAST
n and c			IVE WAR OR DATES)		Rawlings 5160 E	imondson Ave
is that the death certificate to by the attending physici lease remove carban paper in a cremoval. or cemoval. or attending a context the context in the con			DUE TO, OR AS A CONSE	Chand fall	inte Unlear	APPROXIMATE INTERVAL BETWEEN OMSET AND DE
aw require: been signe rmit. Then p priar ta bur	CERTIFICATION	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	20g AUTOPSY?	GIVEN IN PART 1(0) FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
in: The Il hysicion. icote has ransit pe Hygiene Hygiene	ERTIFI	21g. ACCIDENT WAS UNDERLYING	7 1b. TIME OF INJURY	71r HOW INJURY OCCU	YES NO	YES NO
StCIA ng pl certif certif-iniol-i	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	TENTER NATIONE OF INJUNE 18 WEST	TO PART TORPART 27
ING PHY r attendi	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND be haspital of the property of them of the of them of them of the of them of the of		sow the deceased alive or above, (I) (we) (did) (did no 22b SIGNATURE	oitol) ottended the deceosed from	9 . ond that in (my) (our) opinic DEGREE ATTENDING	MEDICAL STAFF	hour and from the causes stated
TO HOSPITAL redoined by this TO FUNERAL is should be detoined by the think the Stote IMPORTANT: If			Namarsk Zawarsk		avenue PHYSICIANS	Max
BP		BURIAL, CREMATION, REMOVA	April 20'81	3. NAME OF CEMETERY OF CREMATORY Loudon Parl	23d. LOCATION Baltimore	Maryland State
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	112 Columbia Adore		ATE REC'D. BY REGISTRAR 256. R	to fary the brody

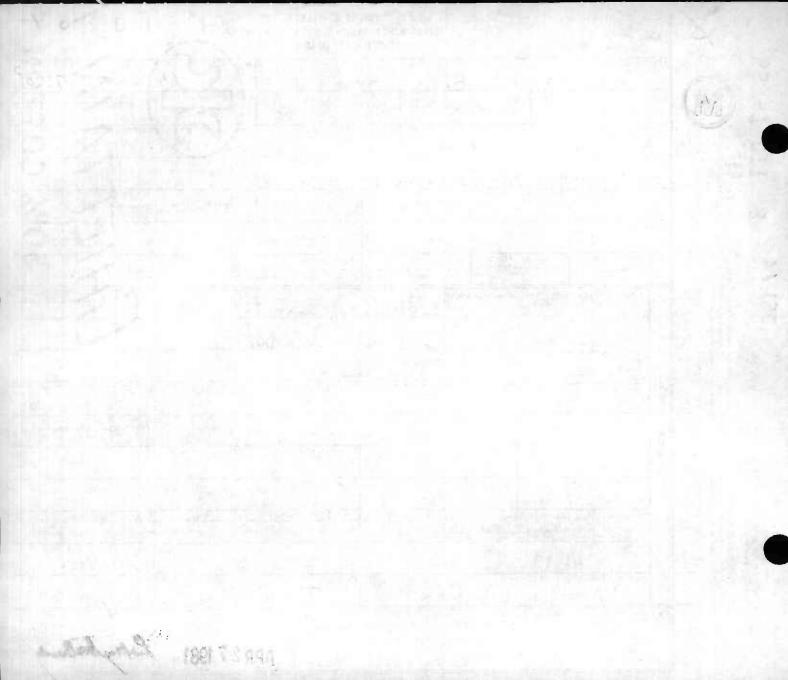
	25, 1594	, 12	e: In.	of all
Itlifano Cip			A.R.U	olijia:
"ulied Police Dan't		in lough at	Styl JE	- 111111
7100 Mimondaon Ave., Telto.	X.	elomit le		"aiyla"
	late Lina		8	late Joseph
ov. nosimo 75 Ook synilvat	ele. emi	220 % 023	Ww 11	all

Enl bildore

151	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGINE 1 0 6 6								
1	= STATE REGISTRAR		R'S CERTIFICATE OF	•						
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN IX						
(TYPE OR PRINT) JOSEPH	Louis	RAWL INGS	OF ESTI-	1 20 01					
3 5	EX 4. RACE 5. D.	ATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY	IF UNDER 1 YR. IF UNDER 24		MONTH DAY YEAR 24 (7)					
		The same of the sa	MONTHS DAYS HOURS A	PRONOUNCED DEAD	4 28 19 81					
	BIRTHPLACE (STATE OR 76. C	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH					
M	ashington D.C.	- DadaMa	WIDOWED DIVORCED	Dacinio	City					
110		NAME OF HOSPITAL, NURSING HOME, IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		20. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Landscaping	OR INDUSTRY					
THE	Baltimore UAL RESIDENCE HE IN NOTHER OR OTHE	St. Agnes Hospital		Landscaping	Nursery					
130.	STATE COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	3e STREET ADDRESS						
	aryland Howar	rd Elkridge	YES NO 5	785 Paradis	e Ace.					
b	FIRST		FIRST	MIDDLE	LAST					
	John L. WAS DECEASED EVER IN U.S. ARMED F	Rawlings ORCES? 166 SOCIAL SECURITY	Mollie NO. 17 INFORMANT	ADDRESS	Unknown					
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OF		000 0 1 7							
=	18 CAUSE OF DEATH (Enter anly ane	577-42-68 cause per line far (a), (b), and (c),	302 Carole J.	Rawlings :	APPROXIMATE INTER					
1	PART I DEATH WAS CAUSED BY:	USE (a) Arteriosclero	ic cardiovascu	lar disease	BETWEEN ONSET AND D					
	4392 IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF								
	Canditians, if any, which gave rise to immediate	(6)								
1	cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF								
	lying cause last.	(c)								
		BUTING TO DEATH BUT NOT RELATED 10 THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART I	1 (0).						
CERTIFICATION										
13	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?					
1 1	210 EXTERNAL CAUSE WAS	All Thus Or Building			YES NO					
		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
MEDICAL	214 IN HIPY OCCUPRED	P.M. 19 21e PLACE OF INJURY (ATHOME.	21f. LOCATION							
124	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST					
ı	AT WORK - AT WORK									
		he remains described abave, held an		XI, Inquiry LI, ar	nd in my apinian					
	death resulted fram: Natural car	uses . Accident . Suici		Undetermined manner						
	ACTUAL X	1220	TITLE (SPECIFY)	4	DATE 4-29-81					
	SIGNATURE /	VVVV		MEDICAL EXAMINER	SIGNED_4-29-01					
	EXAMINER'S NAME AITH	M. Dixon, M.D.	ADDRESS	Penn St.						
230	BURIAL, CREMATION, REMOVAL 236. DA	ATE 23r NAME OF CEMI		23d. LOCATION						
		2/81 Ivy Hil	1 Cemetery	Laurel, P.	G. Co. Maryla					
24	DITTEL 1			C'D. BY REGISTRAR	STRAWS-SK NATURE					
1	FUNERALDIRECTOR FINECK LAUREL FUN 7601 Sandy Sprin	NERAPESHOME, INC.	1d. 208 0 APR	3 0 1981	Hay Makeredy					
-	LOOT DUITED SPILLI	TO TOTAL TOTAL STATE	200 10.11		1-1					

A TELL TO A LEADER . LE LA COMPANIE DE LA COMPANIE

Z	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	0 1	6 7
0	I. D	ECEASED NAME FIRST	,	MIDDLE		AST	REG. NO.	DAY YEAR	
W : "f	(TYI	ANTHON	IV	R	D	עמ	20. DATE OF DEATH MONTH	W	26 HOUR P
à de la	3. 51		4 RACE	Oe	5. DATE C	F RIDTH	6. AGE (IN YEARS LAST BIRTHDAY)	0,	1.20 M
		MALE	BLAC		10		34	MONTHS DATS	HOURS MIN.
4 10 56	/0. 8	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH	
	10.0	WO	u	SA	WIDOWE	D DIVORCED	BALTIMORE	CITY	MD
by the filled with	E	Baltimere	JOHN	H FACILITY, GIVE STREET		ROTHER INSTITUTION HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126. KIND OF	BUSINESS OR
AND 212	13a.	AL RESIDENCE (IF NURSING HOME OR STATE MD	OTHER INSTITUTION	Balle in	E ADMISSION)		13e. STREET ADDRESS. F	ratt St.	
within letterly d 2 si	14. F.	ATHER'S NAME	WIDDLE	4 4 5 7		15. MOTHER'S MAIDEN NA	ME		
, MAR, omplete omplete		Lonnie	MIDDLE	Ray		Louise	WIDDLE	Keah	er
IMORE Control Contr	160	WAS DECEASED EVER IN U.S., AR, YES, NO GRUNKNOWN) (IF YES, GIV)	MED FORCES? E WAR OR DATES)	166. SOCIAL SECT 219-44		7 Louise Fi	nney 290 Her	ring Ct.	
W. PRESTON ST., the death certific y the ottending ph te remove corbon pe cremotion, or remo		18 CAUSE OF DEATH lenter on PARTI. DEATH WAS CAUSE! 43/0 Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	D BY; E CAUSE (a) DUE TO, OR	AS A CONSEQU	ence of	trala bl	w)	APPROXIM. BETMEEN ON	ATE INTERVAL SET AND DEATH
se s	CERTIFICATION	PART 2. OTHER SIGNIFICANT C			DEATH BUT		inal disease or condition		
AL REC AL REC The low ion. thos be if perm if	TIFIC	THE DATE OF CHAPTOR	198. CONDI	ION FOR WHICH	OPERATION	T WAS PERFORMED	200 AUTOPSY? 206. II	F YES, WERE FINDING ERTIFYING CAUSES O YES []	SS USED OF DEATH?
ON OF VITA TYSICIAN: The ding physicic propriet is certificate buriol-tronsit Mental 18 shorter 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of otherding physicion. After this certificate has been sign of the buriof-tronsit permit. Then th and Mental Hygiene prior to by iorked or frem 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDI thospitol or DIRECTOR: A ched for use Dept. of Heolil Item 21 is more		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	Amil	V2 10 T	776	1 that in (my) (our) opinion d EGREE ATTENDING PHYSICIAN	eoth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAL	hour and from the ca	
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined by the Stote E.		22d. PHYSICIAN'S NAME (TYPE OR	Fla Ella	bope		220 ADDRESS Tolus	Hoppius	Mornell	
030/BP	23a 8	SPECIFY) Burial	236 DATE 4/27/8			METERY OR CREMATORY LIVary Cem.	23d LOCATION CITY OR TOWN Baltimore	соиміх	MD
DHMH - 16 50M 1/81 (VRA 15, 4)	24 Ft	n. C. March F	/H 11	01 E. N		250. DATE	R 2 7 1981	TO PESSIC ATT	THE STATE OF THE S



ec'to, c. oc certifal prishe!

Til order to

with object in some

. No. 101535

25 2 30.00

alimone ile

23. Wild . eiter -4/ ontone we. -129

, contant / - S-

om . i.ee no-41 eerin v.-120

10.10.

177 30 . 18 BOLE

Items in R From Union M		FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 1 1	0 6 9
4/15 RT	(NA)	1. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR
e p	J.	(TYPE.OR PRINT) DONNE	T.T.	REDDY	0\$-0	71-81 42PM
m dy	8/5	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4	ris of	Male	Black	4/1/81	YRS.	3
deoth. Poga	2 hou	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
deor	100	Md	USA	WIDOWED DIVORCED	BALTO, CCIT	
after	by the first filed within netified it	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b, KIND OF BUSINESS OR INDUSTRY
1201		BALTIMORE USUAL RESIDENCE (IF NURSING NOME O	ROTHER INSTITUTION GIVE RESIDENCE SEFORE	IAL HOSPITAL	/ ~~~	1-11- 2)
AND 2	Filled and the	13a. STATE		N- 13d. INSIDE CITY LIMITS?	Balt	Löthian Rd
MARYLA ed within	ond 2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	Graden)
MORE, M.	s. Pages 1	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECU		ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	signed by the ottending physici hen pleose remove corbon paper to burial, cremation, or remavol. jury, ar other troumatic event, th	PART I. DEATH WAS CAUSI Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	hole birth	NAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH SIMPLE ONSET AND DEATH 20/60 Mily VEN IN PART 110
ECO W	bee mit.	190. DATE OF OPERATION WT 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
At R	te has sit per giene gene shows	E NA	NA		YES NO Y	ES NO
OF VIT	titico al-trar m 18	OR CONTRIBUTING TO CALLSE OF DE	HOUR A.M. MONTH DA	AY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
VISION S PHYS	this he by and word or	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
9	OR: Affer or use as t f Health a	22a. I certify that (I) (this hasp saw the deceased alive a	n 04 - 01 19	04 -01 , 19 81 81 , and that in (my) (our) opinion d	eath occurred on the date and ha	19, that (I) (we) last
A PA	DIRECTOR DIRECTOR ached for u Dept. of H	obove, (I) (we) (did) (did n 22b_SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
AL OIL	Y the how AL DIREC detached ate Dept.	Christine L.	Kuburral m-	O- ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	04-01-81
TO HOSPI	111 0 10 2	Chastine L-	Kirkwood M	1-0. Union Me	monal Hospi	tal , Balte, Ad.
		23a. BURIAL, CREMATION, REMOVA	The second secon	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
ファフス B	P	Removal 24 FUNERAL DIRECTOR	4/9/81	1250 DATE	REC'D. BY REGISTRAR 255 SEGIS	TDAD'S KIGNIOTH IDE
	- 16 30M 2/80 (RA 15, 4)	Anatomy Board	Balto., MD	ADD	1 0 1981 his	y / Kelredy

235-2525 W.C.B.

ISTALL INVOICE

limiter Toil Islto., ID.

2	~		FOR STATE		ARTMENT OF HEAL	F MARYLAND TH AND MENTAL I	0 1	101	70
	0		REGISTRAR			S CERTIFICATE O	KE	G. NO.	
			CEASED NAME FIRST E OR PRINT)	MIDD	ie .	LAST	20 DATE KNOW OF ESTI-	_	YEAR 26 HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN TO HOURS RREST ON STREET.		Nina 4. RACE	D		Redfearn	DEATH MATE	4 · 18	19 81 4:30
	A STATE OF S	3. SEX	4. RACE	N M A	EAR LAST BIRTHDAY) AL	UNDER I YR. IF UNDER	MIN: PRONOUNCED	MONIN DAT	YEAR 2d. HOW
	RAL DIR		male Black	76. CITIZEN OF WHAT C	3 68 YRS.		DEAD 9 BALTIMORE C	4 18	19 81 6:10
	STATE STATE	FC FC	RTUPLACE (STATE OR REIGH COUNTRY)	II CA	MA	ARRIED NEVER MARE	RIED L	_	PM
	ED WHE	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL	, NURSING HOME, OR	OWED L DIVORG	Baltin	TOPE OF WORK MAD. KI	IND OF BUSINESS
	TUNDAS			(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE		OR INDUSTRY
	DELAY 3 TO TH IN PAGE 200 SE FIL	USU/		1924 Wall or other institution, give resil	DENCE BEFORE ADMISSION)		1 10 menns	CU	
21201	H. IF ANY DELAY 1, 2, AND 3 TO TH M. 3. RETAIN PAGE 2 SHOULD BE FI MAIL PECONDS, 28 MAIL PE	m	TATE COUN	1TY 13c	SALTIMORE	YES NO	13e. STREET APDRESS	Albronk	· Ano
MD. 2	2, A 3, B 2, S 3, B	14.1	ATHE S NAME	1	1134 COUDER	15. MOTHER'S MAID	ENNAME	110100	7100
Ë, A	M PM		FIRST	MIDDLE /IPAI	1981	mary	ERAM!	oc HAI	r1110//
MOR	N N N N N N N N N N N N N N N N N N N		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO	17. INFORMANT	, O IADO	RESS	1. Ane
BALTIMORE,	AFTER HIVE PA H FOR AGES ISION	(ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	18 26-7442"	mriJohn	rie L. Kedler	9rn 1924	WALDROUL
	HOURS M 18. G MG WIT RMIT. P. RMIT. P.		18. CAUSE OF DEATH (Enter on	nly ane couse per line for (c	o), (b), and (c).)				APPROXIMATE INTERVAL
PRESTON ST.,	EN I		PART I DEATH WAS CAUSE		riosclerot	ic cardiovas	culat disease		
510	A PICA	10	4292		CONSEQUENCE OF				
<u>a</u>	WITHIN NINER A AINER A TRANSII VITAL HY		Conditions, if ony, which gave rise to immediate	(b)					
201 W.	A A A A A A A A A A A A A A A A A A A		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			W Valley S	
5, 20	EXECUTED NG" IN PE ICAL EXAM A BURIAL A AND ME WATION, O			(c)					
RECORDS,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, FF MEDICAL EXAMINER ALONG WITH FORM PM 3. ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI HEAITH AND MENTAL HYGIENE, DIVISION OF VITAL AL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN P	ART 1 (g).		
	MEN WEN	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED?		20	AUTOPSY?
¥	SHOULD ORD "PE CHIEF N E USED / TOF HE	문						100	YES NO NO
) F V	WO BE	1 8	210. EXTERNAL CAUSE WAS	216. TIME OF INJU		. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	XX
NO	SHOOTS A	M	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	NTH DAY YEAR				
DIVISION OF VITAL	ERTING FING 3 SH DEPA PRICE	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN. STREET, FACTORY, F.		LOCATION	CITY OF TOWN	COUNTY	STATE
ō	WRIIS WRIIS ARB AGE ATE 1201	2	AT WORK AT WORK		sin, creij				
	R: THY NE		22a. I certify that I took chore	ge of the remains described	d obove, held on Au	ntopsy , Inspection	on xx. Inquiry	and in my opinion	
15	AND THE NAME OF TH		death resulted from / Natur	Accid	dent , Suicide	, Homicide .	Undetermined manner		
	ERT ERT WILL BENT WILL WARY	13	17	Enh 1)	TITLE (SPECIFY)			
	A HALL	1	ACTUAL SIGNATURE	- vin	cv	M.D. Assistan	MEDICAL EXAMINER	DATE SIGNED4	4/19/81
	EDIC 17E T 1 A SI NER WOR		EXAMINER'S NAME HORM	ez R. Guard.	M.D.	111	Penn Street,B	altimore M	.D. 21201
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(TYPE OR PRINT)	ca it. duala,		ADDRESS			
		23a. B	UPIAL, CREMATION, REMOVAL	1-22-01	231. MAME OF CEMETER	RY OR GREMATORY	23d LOCATION CITY OF OWN	COUNTY	mil.
	BP	74 F	UNERAL DIRECTOR	10001	riroulus	250 DATE	REC'D. BY REGISTRAR 125	GISTRAR'S HONA	TURE
1509	DHMH-17 (VR A15 ME (5))	[]	NAME ON L. VOIS	> 2 2 2 2 1 1	Noth A	ve. APR	2 7 1981	spray Mall	redy
	15M 2/80		STUTION CUE	2 Octobra	1/10711 //	C MIN	~ 1001	/	1

The said that the said of the 선생님이 얼마나 얼마나 하는 아니고 싶어? 아니라 그는 그는 그 모든 사람이다.

•	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	10171
5		ECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
oge 3 depth		AUGUST	NMN	REDMOND	8-1 1/10	4 11 81 5:30am
	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	MARCH 3 11	70	YRS.
35	L	STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	R COUNTY OF DEATH
notified with	F	ALTIMORF	ST ACMES H	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SECURITY	ON 12b. KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY
ould be	130.		OTHER INSTITUTION, GIVE RESIDENCE BY INTY A . CO . GLENB	EFORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 7701 OA	0-10 KWOOD ROAD APT
of 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	IACT
020	1	HENRY	REDM	OND KATURAH		UNKNOWN
2 medico		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		AN C. REDM	OND (WIFE)
onpapers emoval. event, the		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b)	, and ic.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in please remover in please removed burial, cremotion, or ry, ar other froumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT		ce lymphocytee l QUENCE OF TO DEATH BUT NOT RELATED TO THE TER	enkernea	DITION GIVEN IN PART 1(a)
t. Then p or to bu y injury.	ě	Urlercose		roscular disease		
giene prio	CERTIFICATION	190. DATE OF OPERATION	. 196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
entol Hy		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR 19	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 16, PART 1 OR PART 2)
olth and Manarked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOW	'N COUNTY STATE
d for use t. of Heoli m 21 is mo		sow the deceased alive at abave (I) (we) (did) (did no	pital) attended the deceased from 11 of view the bady after death.	9, and that in (my) @ur) opinio	n death accurred an the da	, 19 , that (1) we lost ate and haur and from the couses stated
RAL DIRE detocher tote Dep'	-	22b. SIGNATURE	- 2 Hecken	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO FUNERAL DI should be defoct with the State De IMPORTANT: If It		22d. PHYSICIAN'S NAME (TYPE O	T HICKEN 1			IMORE, MD.21229
- 5 5 4	230.	BURIAL, CREMATION, REMOVAI (SPECIFY) BURIAL		30. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.	23d. LOCATION CITY OR TOWN BALTIMO	RE STATE MD.
50M 1/76 5 (4))		UNERAL DIRECTOR FUN	2011		ATE REC'D, BY REGISTRAR	
	-					, ,

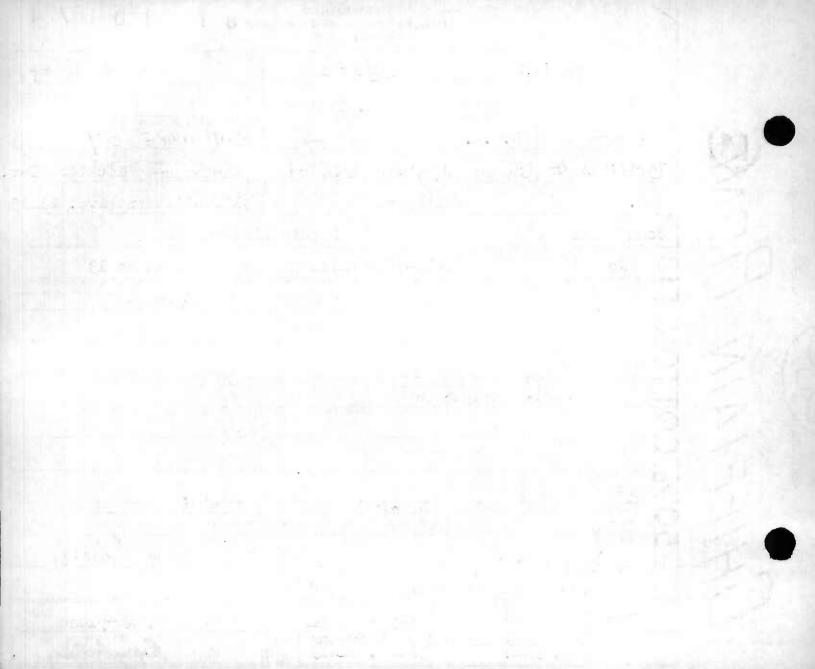
	Items 5,6 g554 4/			OF MARYLAND	es 1	10172
. 8	FOR STATE REGISTRAR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG		10172
	DECEASED NAME FIRST	WIDDLE	L	12/	REG. NO 2a. DATE OF DEATH M	MONTH DAY YEAR 26 HOUR
	TYPE OR PRINT)	MAI.	R	033.	3/25/A	4 52 A.
17 (1.1990)	SEX	4 RACE	5. DATE C	DAY YEAR	6. AGE IN YEARS LAST BIRTH	
The second second	FEMALE	BLACK	8	8 1896	84	YRS.
1 122 133	BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u>	
+ + + + HOB	ALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) LUTHERAN HOS	RSING HOME C		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF RETIRED	N 126 KIND OF BUSINESS C
filled in hould be must be	SUAL RESIDENCE (IF NURSING HOME O 30. STATE IARYLAND	r other institution, give residence b NTY 136 CITY OR 1 BALTIM	ORE	13d INSIDE CITY LIMITS? YES XX NO [13e. STREET ADDRESS 3043 ARUNAH	1 AVENUE
makytanb 2 120 mpletely filled in by ond 2 should be fill expenier must be no	ROGER ROGER	MHITE WHITE		15 MOTHER'S MAIDEN NAM GEORGIE	MIDDLE	WATERS
	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL S	ECURITY NO.	17. INFORMANT	ADDRES	
or, parimers and parimers be e or on popers. Po, ewant, the me event, the me	(YES, NO OR UNKNOWN) (IF YES, GIV			HILDA WHITE	3609 OAKMO	INT AVE.
uites that the death or uites that the death or uighed by the attending to buriol, cremation, or ury, or other troumotic.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	QUENCE OF			ITION GIVEN IN PART 110
been similar The prior to ony injur	DIAGETE	S MELLITUS	HICH OPERATION	I WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WERE FINDINGS USED
N: The low requi		The condition for with	IICH OI EKAHOI	WASTERTORMED	YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
7 4 4 4 4 7 7	0.000	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR		
DING PHYSICIA or ottending p After this certif e os the buriol-ti olith and Mental marked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN Tol or OR: A or use or or use or or use or or o		ottended the deceosed fro		75 19 81		e and hour and from the causes stated
R ATT hosping IRECT hed for ept. or lifem 2	obove, (I) and did a 22b. SIGNATURE	of) view the body after death.		EGREE	- The dollars of the dollars	224. DATE SIGNED
	Steva			ATTENDING PHYSICIAN	MEDICAL STAFF	18/25/81
TAL O y the RAL D detoo tote D				22e. ADDRESS		
OSPITAL ed by th UNERAL d be det the Stote	22d. PHYSICIAN'S NAME (TIPE OF	~ \/'		LUTHERAN	Hosp	
TO HOSPITAL retoined by it TO FUNERAL should be det with the Stote MPORTANT:	22d. PHYSICIAN'S NAME (TIPE C	O P. KOTA	23c. NAME OF CE		23d. LOCATION CITY OR TOWN LAUREL	COUNTY STATE MARYLAND

CATTON SON STREET The last of the second of the

1	J.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE										10	17	3	
5	X		STATE REGISTRAR		ME	DICAL	EXAMIN	IER'S C	ERTIFIC	CATEO	F DEAT	TH REG	NO.		
			CEASED NAME	FIRST		MIDDLE			LAST		20	DATE KNOWN	XX MONTH	DAY YEAR	26 HOUR
	38.53.8.1.	(10)	L ON PRHATE	WTT	LIAM G.		REED				257	OF ESTI-	□ 4-	7- 1,81	M
n	PLEASE ECTOR FILES HOURS	3. SEX	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER		c. DATE RONOUNCED	HTMOM	DAY YEAR	7:05
^	RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS ON STREET,	ma	1e	black	8 29	44	20	RS.	15 DAYS	Hours	MIN,	DEAD	4-	7- 181	a _M
	翻翻上	la Bi	IRTHPLACE (5	ATE OR	76. CITIZEN OF WI	HAT COUN	VTRY?	8. MARRI	ED X NEV	ER MARRIE	ED 🗆 9	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	DARDER V.			MD		JSA		WIDOW	ED 🗆	DIVORCE	D 🗆 1	Baltimore			MD
26	ESTH. IF ANY DELAY IST. SS. 1, 2, AND 3 TO THE PPM 3. RETAIN PAGE IND 2 SHOULD BE FILED INTERPRESS 201 INTERPRESS 201	10 CI	ITY OR TOWN	OF DE ATH	11. NAME OF HOS	PITAL, NU	RSING HOM	E, OR OTH	ER INSTITUT	ION	12a. USUA	AL OCCUPATION	(TYPE OF WORK	12b. KIND OF BI OR INDUST	
	SE P P C		altimor		4203 E1d	one F	Road					or tromme the			
5	ORD ORD		TATE	(IF IN NURSING HOW	NE OR OTHER INSTITUTION, GI		OR TOWN		13d. INSIDE CIT	TY LIMITS?	13e STREE	T ADDRESS			
21201	A SE SES		MD			Bal	Ltimor		YES 🔀	NO 🗌	IDE. OTREE	4203 E1	done	P.d.	
MD.	H. II	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEI	NNAME	MIDDLE		LAST	
er m	AND	7	Golde	n	F	Reed			D	aisy				Johns	on
WO	PAGORA	16a. V	WAS DECEASED	EVER IN U.S. A	ARMED FORCES?		CIAL SECURIT		17. INFORM			ADDR			
BALTIMORE,	SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH SHOWN THE WIS GIVE PAGES 1, CHIEF MEDICAL EXAMINER ALONG WITH FORM PM E USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND TOF HEALTH AND MENTAL HYGIENE, DIMISION OF WITH INTERIOR, OR REMOVAL.		Yes			214	1-44-3	3465	Barb	ara :	Newt	on 3824	old	Freder	ick
	HOURS M 1B. G NG WIT. P RMIT. P I.L.		18 CAUSE O		anly ane cause per line									APPROXIMAT BETWEEN ONS	TE INTERVAL
2	ERW ERW FL		PARTIDE	ATH WAS CAUS	IATE CAUSE (a) E 1e	ctro	cution								
PRESTON	AND ALCO	17	723	0		AS A CON	NSEQUENCE	OF						000	
2	AN A	-		ns, if any, whi se to immedia											
×.	A A E A E		cause (a) lying cau	stating the under	DUE TO, OR	AS A CON	NSEQUENCE	OF							
2,	S S S S S S S S S S S S S S S S S S S				(c)										
RECORDS	WATE BEING	-	PART 2 OTNER SI	GNIFICANT CONOITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERA	AINAL OISEASE	OR CONDITION	GIVEN IN PAR	T 1 (a).	7177		- A 10 TO	
0	AS AS AS	CERTIFICATION													
Y.	SHOULD ORD "PE CHIEF A CHIEF A TI OF HEA SURIAL, C	ICA.	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPER	RATION W	AS PERFORA	MED?				20 AUTOPSY	
	WORD CHIE	I E	AL EVIEDAL	L CAUSE WAS	AND THE OF	P Is I I Marson		Tax via						YES KX	NO [
Ö	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO E		UNDERLYING	XXon	PH-WES		O'AI IEM	sul	ject	putti	ng bo	oster ar	itenna	and ann	arent-
O	SAN	MEDICAL			PE DEATH TAM PA		1981	- LV	struc	k wir	es ca	arrying h	nigh vo	oltage	
DIVISION	S S S S S S S S S S S S S S S S S S S	MED	21d. INJURY C	NOT WHILE	STREET, FACT	TORY, FARM, E	TC.)	S	TREET			CITY OR TOWN		YTAUC	STATE
L.	WARE WARE		AT WORK	AT WORK	x ho	me(ya	ard)	420	03 Eld	lone R	load 1	BALTIMORE	MARY,	YLAND	
	ATE SOR!		22a 1 certi	fy that I taak cho	arge of the remains des	cribed abo	ave, held an	Autop	у 💟 .	Inspection		Inquiry ,	and in my a	pinian	
	EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE WARYLAND	1	death result	ed fram: Na	tural causes,	Accident	XX. Su	icide	, Hamici	ide .	Undeter	mined manner].		
	AN WELL		ACTUAL	Alle		(1)	aΛ		TITLE (SF	PECIFY)					
	복 플러롱 부 · · ·	1	SIGNATURE.	FULL	you've the	11/2	13/12	M	D. Assi	stant	MEDIC	AL EXAMINER	DATE	ED 4-7-81	
	NOR NOR) -	EXAMINER'S	NAME More	and to A	17 7	1 M D			771 5					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECULE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEARTH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		Title On the		garita A.				NO DICE SO			Street			
	E05249	230.B	URIAL, CREMA SPECIFY) Bur	TION, REMOVAL	23b. DATE 4/11/81		NAME OF CE				23d. LOC	Itimore	cou	MĽ	TATE
	BP		UNERAL DIREC		4/11/01	1	TC. A	abur 1				REGISTRAR 2	ATIMED ADVE	CHI CHIE	
2541	DHMH - 17	-	NAME		ADDRESS	01 5	NT	Lb 7.			131	981	approg 19	M. C. British	
North L	(VR A15 ME (5)) 15M 2/80	V	vm. C.	March	F/H 110	OI E	. Nor	LU A	ve.	APR	70	1001	1	-	

remaining the first to the second of the sec in xgaratemia, beatt, 1.9. Exert was as and

S	1	FOR - STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	1 0	174
oy be oge 3 deoth		CEASED NAME PIRST	P John	Do	21 +7	20. DATE OF DEATH	MONTH DAY	ST C SOP
pog r deg	3 SE		4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	-	ER 1 YEAR IF UNDER 24 HR
ge 4 r		Male	White	Dec	12 1889	91	YRS	DAYS HOURS MIN
a de la companya de l	Jer B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DE	EATH
I INVALIDADESS	Ba	Itimore	U.S.A.	WIDOW	DIVORCED	MATTACE	URE C	ity ,
1	10.0	3 A HI MURE	11. NAME OF HOSPITAL,		DROTHER INSTITUTION	(TYPE OF WORK FOR MOST C Barten	F WORKING LIFE) INT	KIND OF BUSINESS COUSTRY LCKters To
24 hour	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU!	R OTHER INSTITUTION GIVE RESIDEN NTY 13c. CITY (or town Itimore	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Cli		Ave. 212
vithin 2 sh hiner		ATHER'S NAME		LAST	15 MOTHER'S MAIDEN NA	ME		LAST
p land Sint	J	ohn Reitz	MIDDLE	LAST		Klueben Täi		LASI
be execu-	160	WAS DECEASED EVER IN U.S. AR YES, NO ON KNOWN) (IF YES, GI		al security NO. -12-5988	Marie Nag	engast S	ame as	13
he low requires that the death co on. has been signed by the attendin permit. Then please remove corb ene prior to burial, cremation, or a ows any injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost. PART 2. OTHER SIGNIFICANT (CONTINUE COURT) 199. DATE OF OPERATION	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR	ME TO DEATH BUT		MINAL DISEASE OR CON	20b. IF YES, WERI	PART 1(o) E FINDINGS USED CAUSES OF DEATH?
icote horrorsit promisit promisitation promisita	E	.21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		In How hallow accura	YES NO	YES 🗌	№ □
3 PHYSICIAN: The strength of the buriel-trensit ond Mental Hygic and Mental Hygic and Mental Hygic and Mental Hygic and of them 18 should have a should have		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON		21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18, PART T OR	R PART 2)
DING PHYSICIA or ottending pl After this certifies os the buriolet is os the buriolet oith and Mental marked or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	21e PLACE OF INJURY		21f LOCATION			
G Protein otten	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC)	STREET	CITY OR 10	wn cc	STATE
VDIN lor S. Aff		22a I certify that (I) (this hospi	ital) attended the deceased	from 4 C	81 , 19		. 19	, that (I) (we) li
ATTEN ospitol ECTOR: ed for us of He m 21 is		sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body ofter deat	h. 19, o	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour and f	rom the couses stated
Dep oche		22b. SIGNATURE	JAS. Ropl	w, w		MEDICAL STAI		ALZINED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		JOHN H		<u>Em</u>	220 ADDRESS			
4/ BP		BURIAL, CREMATION, REMOVAL (SPECIP Burial	4/6/81	Holy F	emetery or crematory Redeemer	23d LOCATION CHYOR TOWN Baltimo		yland
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTO'S Chim Home,	unek Funera	Lane		R 07 1981	25b. REGISTRAR'S	SICHATURE



10		1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										7	5	
25	SEE		CEASED NAME E OR PRINT)	L1c	oyd	M. WIGGE		R	emsbu	ırg	2	OF E	ESTI- MATED	4	15 19		2b. HOUR
WRY, PLE		2	a1e	white	5. DATE OF BIRTH MONTH DAY June 28	1903	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	MONTHS		HOURS	MIN. F	RONOUNCI DEAD		4 4		, 81	2d. HOUR 3:36,I
• NECESS	A COLOR	Ma	RTHPLACE (STARLING REIGN COUNTRY)		76. CITIZEN OF W	Α.		WIDOWE	D 🗆	VER MARRI	ED 🗆		altimo	ore (City		MD.
EAYIS	SECT.	Ва	ty or town o ltimore			Wilke	ens Ave	nue	R INSTITU	TION	FOR M	OST OF WORKIN			OR IN	12b. KIND OF BUSINESS OR INDUSTRY	
21201 F ANY D	\$#\$\$37	13q. S1	RESIDENCE (IF IN NURSING HOME (OR OTHER INSTITUTION, G NTY	13c. CITY	BEFORE ADMISSION) OR TOWN imore		13d INSIDE CITY LIMITS? 13e. S		13e STRE 384:	ET ADDRESS Wilk	ens A	venu	e		
	カをランページ		THER'S NAME FIRST Henry		MIDDLE	Rem	sburg		15. MOTHER'S MAIDEN NAME FRST Alverta E					K	loog 1e		
BALTIMORE.	WITH FORM WITH FORM T. PAGES I A DIVISION OF	160. W	AS DECEASED S, NO, OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TO										•	
CORDS, 201 W. PRESTON ST	"PENDING" IN PENCIL IN ITEM 18: F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PREMIT HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) lying caus	s, Pany, which e ta immediate stating the <u>under</u> se last.	(b)	R AS A CON	DSC 1e TO THE TERMINA					diseas	se				
VITAL REC	CHIEF MED CHIEF MED E USED AS T OF HEALT URIAL, CRE	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUT	OPSY?	NO K				
DIVISION OF VITAL RECORDS, 201	WRITING THE WARDED TO THE AGE 3 SHOULD BATE DEPARTMEN	MEDICAL CER	UNDERLYING	IG CAUSE OF	DEATH P.A	M. MONTH	19 (AT HOME,	21f. LOCA	ATION	OCCURRE	D (ENTERN.	CITY OR TOWN			art 2) Dunty		STATE
MEDICAL EXAMINER: T	PACCULE THE CERTIFICATE, WRITING THE WORD, "PACCULE AS SHOULD BE FORWARDED TO THE CHIEF. TO FUNETAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL,		22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d from: Note	ge of the remains de notations de National Residence (National Res	Accident	, Suicie	M.D	Hamic TITLE (S Ass:	PECIFY) istani	Undete	Inquiry Crmined mann	ner .	DATE SIGNE	4/ ED4/	16/8 01	31
2 B	PERSONAL PROPERTY.	(5	PECIFY) Buri	ION, REMOVAL	23b. DATE	1 <u>98</u> 1	NAME OF CEME	TERY OR	CREMATO	DRY Y	23d LOC City of Midd	le town	n Fr	eder	ick	Md.	TE .
(VR	DHMH - 17 (A15 ME (5)) 15M 2/80	10 10	6 East	Church	Reeney Address Street, F	Basfo reder	rd Funei ick Mary	al	ome	ZSO. DATE R	REC'D. BY	1981	75b. REGIS	TRAR'S	HOL	E Cooky	

The state of the s

ACCOL & CHARLES

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol. cremation, ar remayol.

DHMH-16 30M 2/80 (VRA 15, 4)

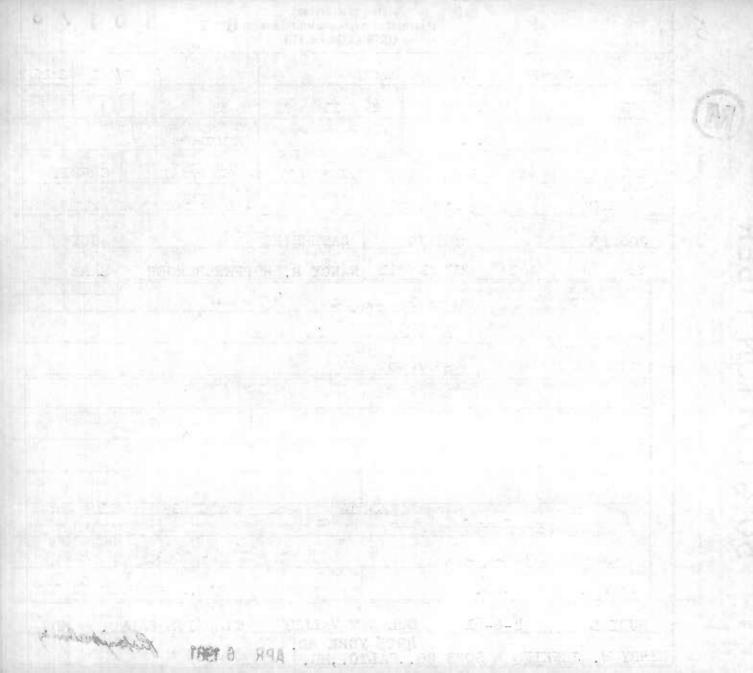
IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or ather troumotic event, the

3 medicol exom

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 legioned by the hospital or ottending physician.

5	1.	FOR STATE REGISTRAR	345			HEALTH AND MENTAL HYGIENE TIFICATE OF DEATH					
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH DAY YEAR 26 F				
	()1111	JOSEP	H W.	RE	SSIG		4/	3/81	2:16 1		
	J. SE	X	4 RACE	5. DA	ATE OF BIRTH		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS	
1		MALE	WHITE	~	2 13	*§92	89	MONTHS DAY	ONTHS DAYS HOURS MIN.		
30	Je: B	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT CO	MA	RRIED MEVERA	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY					
23	10. C	BALT IMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C VAMC, LOCH	, NURSING HO	ME OR OTHER INST	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST CREDIT MANA	OF WORKING	LIFE) INDUSTR	OF BUSINESS O		
35	USU. 130. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ITY 13c. CITY	OR TOWN T IMORE	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 4418 NORWO	OD R	OAD 21	.218	
00		JOSEPH		RESSIG CATHERINE			MIDDLE			GUYER	
event, the medicol			E WAR OR DATES)	66 SOCIAL SECURITY NO. 17. INFORMANT 217 03 9821 NANCY R. R			ADDR UPPERSBER	SAN	Æ		
injury, or arner froumond	NO	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOI	n for which operation was performed			200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING C			RE FINDINGS USED CAUSES OF DEATH? NO	
9		210. ACCIDENT WAS UNDERLYING			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2))	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJUR (AT MOME, STREET, FACTOR		2)f LOCATIO	CITY OR TOWN		COUNTY	STATE		
2 9	220.1 certify that X (this haspital) attended the deceased from MARCH sow the deceased alive on APRIL 3 19 81 , and above XI (we) (did) XIXXI) view the bady after death. 226. SIGNATURE					,	, to APRIL death occurred on the d		aur and from t	that X (we) la ne causes stated TE SIGNED	
		220. PHYSICIAN'S NAME (TYPE O	RPRINT)		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS						
5/		GARY S. WILSO					VEN BLVD.,	BALT	IMORE,	MD 21218	
	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN BURIAL 14-6-81 DULANEY VALLEY TIMONIUM									STATE	
		UNERAL DIRECTOR ENRY W. JENKI		ADDRESS4905	YORK F	Whan.	E REC'D. BY REGISTRAR		Major	atherity	

STATE OF MARYLAND



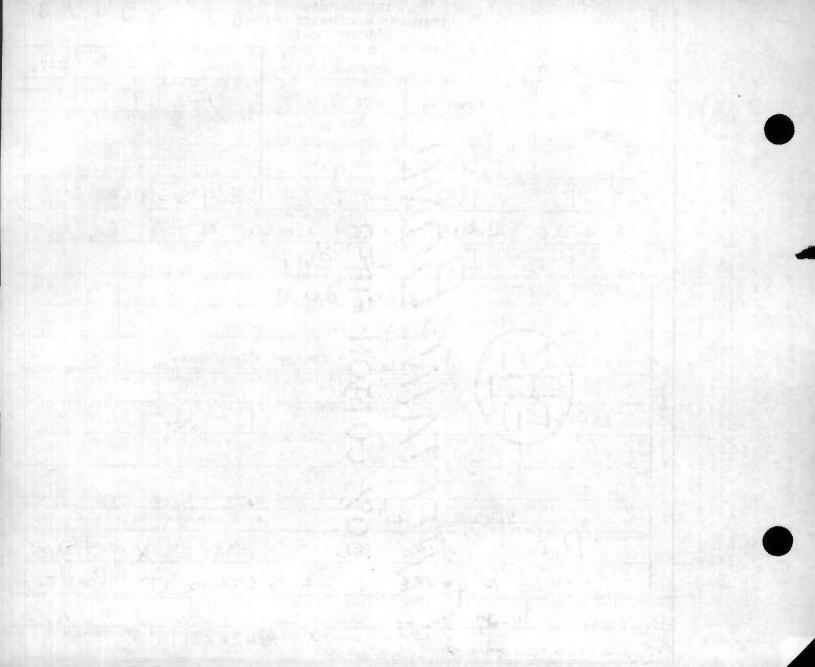
1	7	FOR STATE REGISTRAR		DEPARTA	STATE OF MARY SENT OF HEALTH AN CERTIFICATE O	D MENTAL HYG	SIENE 8 REG.	NO.	0 1	7 7
n ∞ =		DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
moy be		CHAR		REYNOLDS						5:10 a _M
Page 4 m		MALE MALE	4 RACE BLACK		5. DATE OF BIRTH	9 YEAR 10	70	YRS	MONTHS DAYS	HOURS MIN.
deoth. Po	2	OUNTRY)		WHAT COUNTRY?	8. MARRIED NEVE	R MARRIED	9. BALTIMORE CITY		TY OF DEATH	
hin 7	5	VIRGINIA		S.A.	WIDOWED	DIVORCED [BALTIMORE			MD.
filed wit	23	BALTIMORE	(IF NOT IN SL	MC BALTIM	ORE, MARYL		120 USUAL OCCUPA (TYPE OF WORK FOR MOS JANTT	OF WORKING	LIFE) INDUSTRY	ROAD
nould be	3	USUAL RESIDENCE (IF NURSIN 130. STATE MARYLAND	OF HOME OR OTHER INSTITUTION TO THE COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW BALTIMO	1 13d. INSIDI	E CITY LIMITS?	13e STREET ADDRESS	1303	ELLWOOD	AVENUE
ond 2 sh	00	4. FATHER'S NAME ELISHA	MIDDLE	REYNOLD		IGNORA	ME MIDD1E		ECKHA	
naing physician and com corbonpopers. Pages 1 or , or removal.	/	(YES NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 577 12 8	the later	Onis Rey	11	RESS	Hwood	
been signed by the otter mir. Then pleose remove prior to burial, cremotion ony injury, ar other troun)		which (b) ediote the lost. DUE TO		tions al	THE TO THE TERM	TB, +	20b. IF Y	ES, WERE FINDI	NGS USED
hos per per sws	2	210. ACCIDENT WAS UNDE		OF INJURY	21c HOW	INJURY OCCUR	YES NO NO NEED (ENTER NATURE OF IN		TIFYING CAUSES YES PART I OR PART 2)	NO [
£ . T	7	(IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRE	D 21e. PLACE	A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F.	19 211. LOCA	ATION REET	CITY OR	IOWN	COUNTY	STATE
RECTOR: After this hed for use as the buse to the buse to the buse to the bush and well as the action of the bush and well is marked or the bush and the bush as t		22a.1 certify that K (this hospital) attended to dalive on APRII. d) (2003) view the bad	he deceosed from	MARCH 16 81_, and that in X		to ARIII			that 🗱 (we) lost
che che		22b. SIGNA	Geste	mD.	DEGREE	ATTENDING PHYSICIAN		ΔFF		SIGNED
TO FUNERAL Eshould be detained with the State ElmPORTANT: If		A. Gra	renberg,	Jm.D.	3900		AVEN BLVD.,		IMORE, N	4D 21218
SP		230. BURIAL, CREMATION, R (SPECIFY)		- 81 K	AME OF CEMETERY C	mPK.		STOWN		Md STATE
H-16 30M 2/80 (VRA 15, 4)		JAS. A. MOR	TON & Sons	1701 L	AURENS		PR 1 3 198		STRAR'S SIGNAT	Chand

31 3:10 :	8	7		CHOM	7 94.			(L)
			0.I	ę .				311.5
						.A.Us	u d	ALLIGHTY
			21218	WALL SALE	, and a	THE DY.	N .	LACIT MA
avil di uc		1303		i.	A. D.	.014.		TVI AT THAT
					7:48	577 10	Linn	132 Sec. 32
					1 (8) 2	line.		
		¥						<
Х		AP.II. 3	18) i	HALOY Ol	3	TILL A	77 10 - X
					7	1.77	w.idi	
						1-11	position)

V V J= 0 10 Section state to the contract

(IN)

K	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	0 1 7 8
у be		CEASED NAME FIRST		Reynolds	20. DATE OF DEATH MONTH	Z3 8/ 827, M
2ge 4 mo	1.5E	Female	Caucasion	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	
death. Pa	P.	MANUEL MANUEL MANUEL	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	City	MD.
201		CHY OR TOWN OF DEATH	(IF NOT IN SUCH FAKINTY, GIVE STREET		120 USUAL OCCUPATION (1) TO WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR LINDUSIRY Column
AND 2120 n 24 hours hould be the	130.1	Max 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	MOVE 134 INSIDE CITY LIMITS?	130. STREET ADDRESS STV	richer St
MARYL ted withit ompleter	14. F	e aude	MIDDLE Johnston	15. MOTHER'S MAIDEN NA FIRST ELL	Le MIDDIE	Rice.
BALTIMORE, cate be executable by spicion and company or wal.		NAS DECEASED EVER IN U.S., AR YEAR OOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES)	-4214 Chart	ADDRESS	
201 W. PRESTON 5T., res that the death certific ned by the attending phyplease remove carbon pricel, crematian, ar remains, or remains, or cather traumatic every, or other traumatic every		Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	indiae allot everie	Carcinoma Minal disease or condition of	BETWEEN ONSET AND DEATH 30 MIN
AL RECORDS, he law requir ion. has been sig it permit. Then tene prior to b	CERTIFICATION	19a DATE OF OPERATION	20 41 9 A	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL ORD PHYSICIAN: The attending physician soften this certificate in state burial-transing than Amental Hygier and Amental Hygier arked or frem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 1)	8 PART I OR PART 2) COUNTY STATE
DIVISION PH POSPITION PH POSPITION OF Affect THE RECTOR, affect the red for use as the lipt, of Health and em 21 is marked a	2	saw the decepted alive on	(AT HOME, STREET, FACTORY, OFFICE, F	H 10 19	5 to 4/23	. 19.8/ that (II (we) last
At OR At DIRE detacher are Dep		THE SIGNATURE	son Il Show	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITA retained by TO FUNERA should be drawith the Storic with the Storic MPORTANI	23n	Welso BURIAL, CREMATION, REMOVAL	123b. DATE 123c.	P 22 S	Greene St	Beto hy
902 BP	-1	UNERAL DIRECTOR	11 34 1001 1.	w Eachedrel Com	CHY OR TOWN CACTE ME OF THE REGISTRAN 256. REGISTR	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	V	tul. Cowen &	Low Dry . Paless	hod - 21223 250.	FRZ 7 1301	ALINE A STOLLAN TOKE



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MAI MENT OF HEALTH A CERTIFICATE O	ND MENTAL HYGIE	NE 8 REG. NO.	101	7 9
- P	(TYPE	CEASED NAME FIRST	WIDDLE	Richard	S	a DATE OF DEATH	4-9-8	1 125 AM
M)	1 SE	M	4. RACE	5 DATE OF BIRTH	5 - YEAR	AGE (IN YEARS LAST BIRTHD	YRS.	DAYS HOURS MIN.
33	N	IRTHPLACE (STATE OR EOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	WIDOWED	DIVORCED		ORE C	174 MD.
e filed	B	al RESIDENCE (IF NURSING HOMEON	11. NAME OF HOSPITAL, NURSI 11. NAME OF HOSPITAL, NURSI 12. NAME OF HOSPITAL, NURSI 13. NAME OF HOSPITAL, NURSI 14. NAME OF HOSPITAL, NURSI 15. NAME OF HOSPITAL, NURSI 16. NAME OF HOSP	City H		20 USUAL OCCUPATION		ND OF BUSINESS OR
should b	13o.	STATE 136 SOUN		NN RE 13d INSI	NO HER'S MAIDEN NAME		ddock st	t. Apt. 404
Olexamir			MED FORCES? 166 SOCIAL SEC	rds F	Roberta	MIDDLE ADDRES		parols
the medica			E WAR OR DATES)	DAV	is P. RicH	ARDS /RO	STBURG	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
in signal of the anendary proper Then please remove car removal, Injury, or other froumatic event, it	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	Otanty JENCE OF		ks. gestat		RT I (o
ene pria	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PE	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO []
tental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR) (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PAR	T 2)
as the builth and M	MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	ATION	CITY OR TOWN	COUNTY	Y STATE
detached far use tate Dept. af Hea VT: If Hem 21 is m		sow the deceased alive on	tal) attended the deceased from, 19 11) view the body after death.	DEGREE	ATTENDING	oth occurred on the dote	22c. D	, that (I) (we) last in the causes stated DATE SIGNED
shauld be deto with the State IMPORTANT: I		22d. PHYSICIAN'S NAME (TYPEO	RPRINT) RAY	22e. ADD		ore City		itals
	230.	BURIAL CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY	- KEN PAY	23d LOCATION CONTRACTOR TOWN	URG, M	STATE
50M 1/76	24 F	UNERAL DIRECTOR	ATA LOC ADDRESSA	21022		EC'D. BY REGISTRAR 25	b. REGISTRAR'S SIG	NATURE

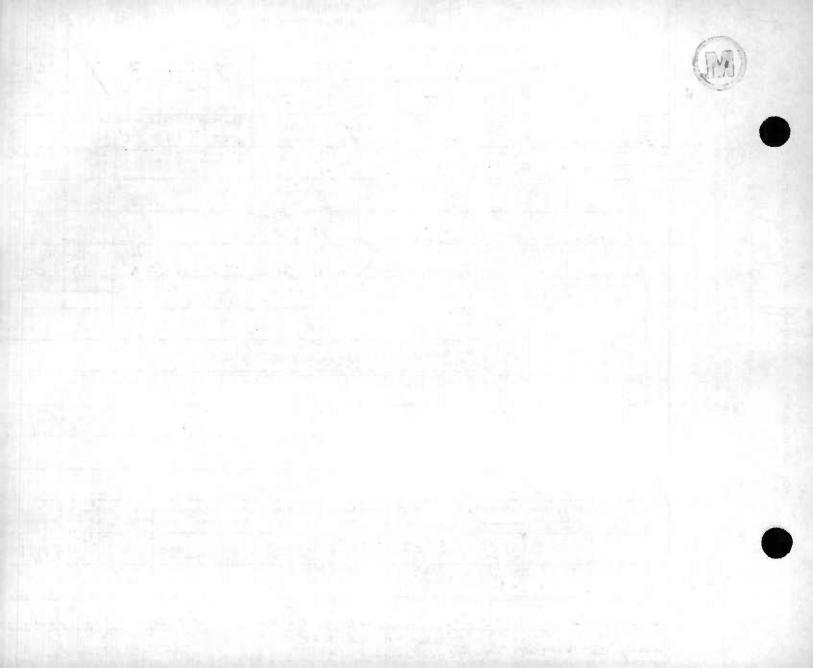
the area Tu many the second of the second

STATE OF MARYLAND

the state of the second A Sammer Saly East And Harrys - 1x2 The - who will all the series in the series Citibel Desal 10 2 2 1 Mertins Arthur P. Rad H.D. Share Mire My Bell and of formany resign and the second

Drems in Red	1				E OF MARYLAN		25 1	0 1	9 1
_	11	FOR STATE	DE	PARTMENT OF H			IENE 8	0 1	0 1
For Hosp 5-5 RT.	L	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.		
m.c	1. DI	ECEASED NAME FIRST	MIDDLE	, -	AST	,	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
as 4 may be crown page 3 sites death		50. RID	DICK SHAR	ON 14	<iddic,< td=""><td>K</td><td>4-16-81</td><td></td><td>1 PM</td></iddic,<>	K	4-16-81		1 PM
mo fifer of	3 SI	X	4 RACE	5. DATE (YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Poge 4		Female	Black	4	16	81	V5-15 YRS.	MONTHS! DATS	15
		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MA	RRIED 🔀	9. BALTIMORE CITY OR COUNTY	OF DEATH	
death.	V	Baltimore	V USA	WIDOWE	DI DIVO	DRCED	BAITIMORE	Cli	MD.
d with		OF TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITU	UTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF	BUSINESSOR
5 2 2		Baltimore	Provident H	ospite!					
232 how d be	USL 130	STATE THE COURT	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	134 INSIDE CITY	LIMITS?	13e. STREET ADDRESS .2923	Lestwas	Ave
AND 2		Mo -	- Bai	Himore	9-01	10 🗆	Baltimore 7	nd.	,21216
within a d 2 s	14. F	ATHER'S NAME	MIDDLE	ST	15. MOTHER'S M	AAIDEN NAA	VE WIDDLE	MCF	nerson
E O DE O		RUDOLPH	RID	DICK	54	ARO		RID	Dick
MORE,	160.	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	L SECURITY NO.	17 INFORMANT	T	ADDRESS		
		No	Non	e					
rificate by physicio pagers moval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o),	(b), and (c).)		1	1	BETWEEN OF	ATE INTERVAL NSET AND DEATH
ST., B.			TE CAUSE (0) CAYO	io puln	Lowary	142	pest		
ON or		7798	DUE TO, OR AS A CON	SEQUENCE OF	1 .1				
PRESTON The death contendir The ottendir		Conditions, if any, which gove rise to immediate	(b)	rema	turity				
W.P.	18	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF					
301 ves that the set that the pleas the control, or			(c)						
quires quires signe to bury.	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION		NOT RELATED TO	O THE TERMI	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)	
AL RECORDS, The low requirion to bos been sig the permit. Then liene prior to b	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR			AED	20g AUTOPSY? 20b. IF YES	S, WERE FINDING	GSTISED
ALREGOOD.	문	NHA		NIn	· · · · · · · · · · · · · · · · · · ·	, ILD	IN CERTIF	YING CAUSES C	OF DEATH?
/ITA	- 1	21a. ACCIDENTA UNDERLYING	216. TIME OF INJURY	117	21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, F		NO
DIVISION OF VIT. NG PHYSICIAN: T oftending physici tier this certificole os the buriol-tronsi h and Mental Hygi nred or liem 18 sh		OR CONTAINING TO CAUSE OF DEA		MIN		NI	A		
PHYSIC ending this cer he buriond Meni	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION	-/"	//		
DIVISION OF PER 14 After the os the lith and corked carked	×	WHILE AT WORK WORK	(AT HOME, STREET, AGTOR!	OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
Se A or	10	220.1 certify the (1) this hospi	tal) attended the deceased	from 4-16-	0	1981	10 4/16/	19 11	na (I) (we) lost
RATTENDIN hospital or RECTOR: Af reed for use oppt. of Health em 21 is mo		sow the deceased alive on above, (I) (we) (did) (did no	4/16/		nd that in (my) (au	ur) opinion d	leath occurred on the date and hou	r and from the co	
8 4 8 5 6 5		22h SIGNATURE	11 view the poch offer deoth.		DEGREE			THE DATES	IGNED
the of the Dietocl		W Hrango	aut The	. 1		ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/16	181
TO HOSPITAL (retained by the TO FUNERAL Is should be detor with the State E IMPORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS	7/ 00	Like to that	his	0/
O HOSPI to FUNE should be with the S		W.A. BRYA	WI, JR. N	1. Di		RAL	House 1	11. 2	1217
5 of of with Market	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CRE	EMATORY	23d. LOCATION		
106BP		(SPECIFY) Removal	4/24/81				CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/73	24. F	UNERAL DIRECTOR	ADDR	PECC		250. DATE	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATU	RE
(VR A 15 (4))	1	Anatomy Board	Balto			MAY	4 1901	717000	7

D'ASA



FUNERAL HOME

T - STATE

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR INDUSTRYState

Deatheridge

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c DATE SIGNED

Howard.

GLEN BURNIE 250. DATE REC'D. BY REGISTRAR 256. REGISTR

MARYLAND

Missouri

IF DINIDER 24 MRS

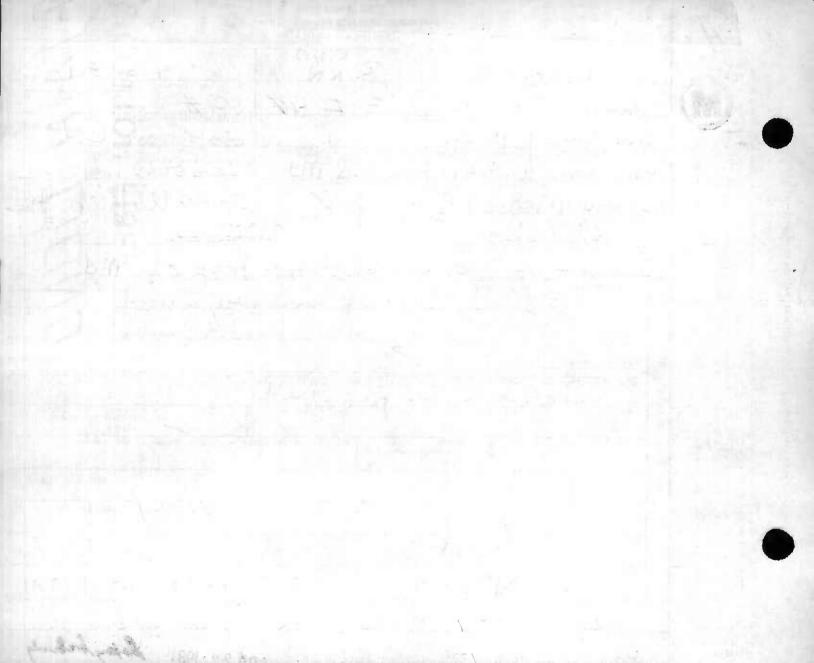
IF UNDER 1 YEAR

20. DATE OF DEATH MONTH

ANTIR DESCRIPTION OF THE PROPERTY OF THE PROPE te Mosair Commission C I manager the set and all the THE REAL PROPERTY OF THE PARTY Vilacent Street Mer. X 41 3184

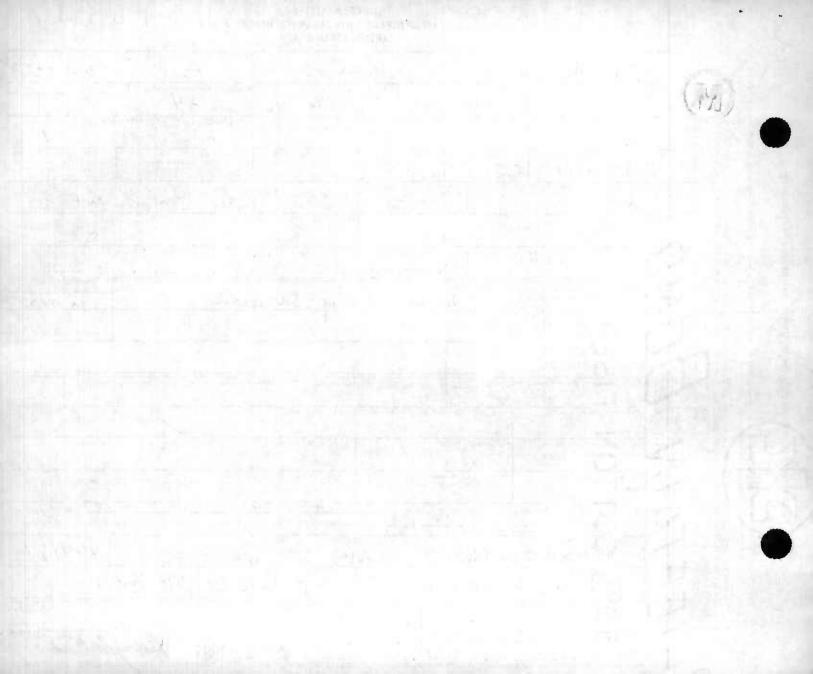
mate mater ... MESS restore transfer their -56-565 the toll the mireu. indicato in fisali The person both and both as well to

K 4	1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	HYGIENE 8 1	1018	5
a de de		REGISTRAR CEASED NAME FROM	WEGG	RINN	REG N 2s. DATE OF DEATH	TATALON STREET, STREET	HOUR
MI) ma	7.5E		WW.te	S DATE OF BRITH	6. AGE (PLYEMS LAST BE		CHARLES OF HER
the formula of the fo	C	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL NU	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	- C 111	more Cit	MD. MD.
ND 21201	t	AL RESIDENCE IN MUNIMISHORING	STHEN POSTTUTION ONE RESIDENCE IN	050, 02 1110	None	10) Kins	JUG.
magria med within and 2 the			NW	IS MOTHER'S MADE Y	- SABETA HEDIL	Grand	i e
ALTIMORE of the between one of the between one of the original	- (VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV 18 CAUSE OF DEATH (Enter or	e war or dates) 215-7	10-4865 Wothens	Hosp &	bm 2	E INTERVAL ET AND DEATH
death certifica death certifica attending phy ove carbanpo antion, ar removing over outpart, coumatic event		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	TE CAUSE (0) DUE TO, OR AS A CONSE	1 dropelans	east le	silu.	: AND DEATH
res that the med by the please recovered, creeky, or other	-			OUT OF		DITION GIVEN IN PART I(a)	
RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	USED DEATH?
DIVISION OF VITAL R NG PHYSICIAN; The I offending physicion, ther this centrificate has os the burial-transit pe th and Mental Hygiene orked or hem 18 shows	MEDICAL CE	71s. ACCIDENT WAS UNDERLYING. ON CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DEPARTMENT OF COURSED.		DAY YEAR 19 211 LOCATION	CITY OR TO		STATE
TTENDI pital ar TTOR: A for use of Heal	V	What I NOTWHAT I AT WORK I AT WORK I 22s.1 certify that (II (this hospi saw the decreased alive an above, II (we) (did) (did no	tol) pttended the deceded fro	m X/8/81 10_	an death accurred on the d	ate and hour and from the cau	t (I) (we) lost
ITAL OR y by the ho RRAL DIRE detached signe Dept		IJE SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	Cogest	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	FF TIANES	AST.
TO HOSP retained I TO FUNE should be with the S	23a. B	URIAL, CREMATION, REMOVAL	MYNMS		THEAA	1 HOSPI	TAL.
255 BP DHMH - 16 50M 1/76 (VR A 15 (4))		Burial INERAL DIRECTOR	4/23/81 ADDRESS		Woodlawn	Baltimare Ma 25b. REGISTRAR'S SIGNOTURE	1.

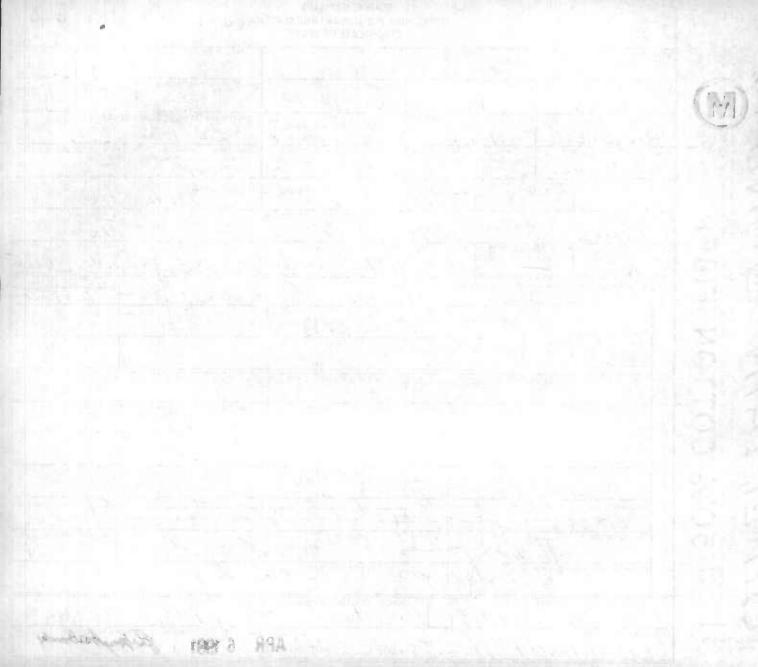


MATTER! the , they are a series of APR EN 1921

1	1 -	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYCERTIFICATE OF DEATH	REG. NO.	
pe T pe	(TYPE	CEASED NAME OR PRINT! ABBI ARYE	MIDDLE	RUBBINS		4 198) 945 PM
ge 4 moy	3. SE			DATE OF BIRTH	/	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
death. Page		RTHPLACE (STATE OR FOREIGN DUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	BACTIMINE COUNTY	
by the filled with		ALTIMORE	11. NAME OF HOSPITAL, NURSING I		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE \$ PROPRIETOR	12b. KIND OF BUSINESS OR INDUSTRY HEBREW BOOK
filled in	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE)	ROTHER INSTITUTION, GIVE RESIDENCE BÉFORE AD. NTY 13c. CITY OR TOWN BALTIMOR	. 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	Art 21215
ompletely ond 2 sh	14 FA	THER'S NAME PIRST DAVID	ROBBINS	15 MOTHER'S MAIDEN NA FIRST RUTH	MIDDLE	STONE
be executed on ond comp	16a V	VAS DECEASED EVER IN U.S. AR es, no or unknown) (14 yes, give NO	MED FORCES? 166 SOCIAL SECURIT 137-40-95		. MIRIAM AROBBINS L AVE. BALTO.,	
g physicic sonpapers removal.		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), and (c) DBY: TE CAUSE (a)	fic liposaro	oma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the death or by the attendin ase remove cark al, cremation, or other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			
Then ple Then ple to burio	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
hos bee t permit. ene prior aws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
ding physici is certificate burial-transi Mental Hyg or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2}
ottendini ter this c is the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR: Af for use of of Health			ital) attended the deceased from 19 8		deoth occurred on the date and hour	9 that (1) (we) lost and from the couses stated
AL DIRECTOR AL DIRECTOR OF Dept.		22b. SIGNATURE	Fredman	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22C DATE SIGNED
retoined by the TO FUNERAL E should be detoc with the Stote E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPEO H. ROMALD	Fredman	27e ADDRESS Pa	nk Heepts Ar	e .
BP	23a E	BURIAL, CREMATION, REMOVAL BURIAL	4/15/81 SHC	ME OF CEMETERY OR CREMATORY MRE MISHMERES SC		SEDALE BALTOO
MH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR SOL	LEVINSON & BROS., WN RD. BALTO., M		TEREC'D. BY REGISTRAR 251 EGISTE 2 2 1981	RAR'S FIGNATURE.

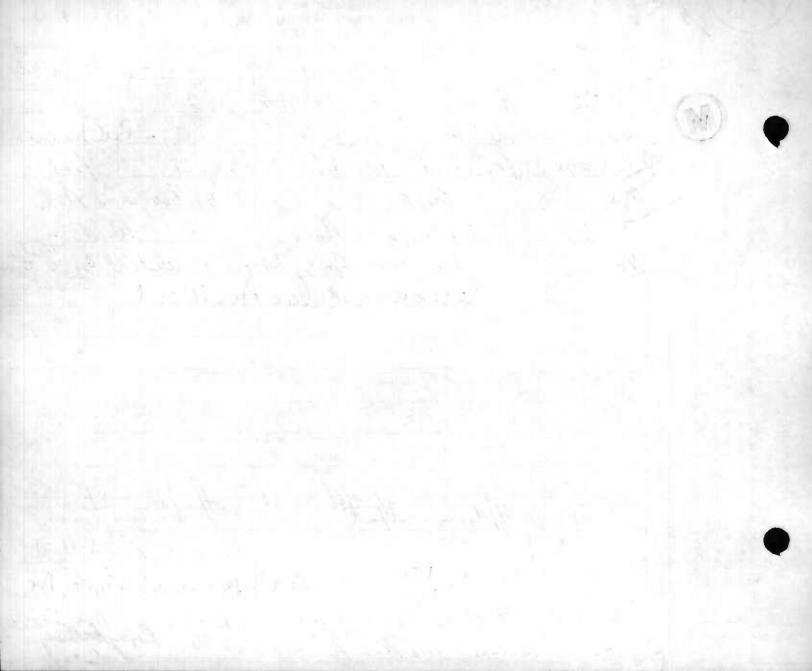


1	1.	FOR STATE REGISTRAR		DI	EPARTMENT OF H CERTIF	ICATE OF D			G. NO.	U	- 1	0 0
		CEASED NAME	FIRST	WIDDLE	(AST		20 DATE OF DEA		DAY	YEAR	26 HOUR
1 75	(145)	E OR PRINT)	sie		Rob	inson)1	2	81	3:35 PM
163	3. SE			RACE	S. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDI	R 1 YEAR	IF UNDER 24 HRS
E (PM)		Femal	le	Negr	o G	1	18		62 YR	S. MONIAS	DAYS	HOURS MIN.
1	76. B	IRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER A	AARRIED 🗆	9 BALTIMORE CI	TY OR COUN	ITY OF DE	ATH	,
1 11 23	1	MaRYLAND)	U.S.A.	WIDOWE	D DN	ORCED 🗷	ba	1tin	ore,	Cik	MD.
. 1 11 10	10. C	Balfine	eath 11	1. NAME OF HOSPITAL,		ROTHER INST	ITUTION	120. USUAL OCCU			KIND OF	BUSINESS OR
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours hed by the attending physician and campletely filler the please remove carbonpapers. Pages 1 and 2 should be truin, cremotion, ar removal.	13a :	AL RESIDENCE (IF NO	13b. COUNTY		R TOWN	13d. INSIDE C	ITY LIMITS?	130. STREET ADDR	Eleds	St	ree	t
ARYLA d within pletely nd 2 sh	14. F/	ATHER'S NAME	. ~	PDIE //	AST, /	15 MOTHER'S	MAIDEN NAM	NE MID	DLE	-	7 LAST	
Comple	140 1	NAS DECEASED EVE	PINITS ABAG	FD FORCESS THE SOCI	AL SECURITY NO.	17. INPORMA	1516	4 6	DDRESS	/.	Lon	195
be execut an and co		YES, NO OR UNKNOWN)		VAR OR DATES) 214-	07-447	1/	e Will	iams	3133	Le	ds	Sheet
ST., BAL rtificate g physicid an paper emaval. event, thi		18. CAUSE OF DEA	TH (Enter only	one couse per line for (b)	, (b), grid (c).)	0	Mr.		1		APPROXIM	NATE INTERVAL NSET AND DEATH
eertifice		AARTI. DEATT	IMMEDIATE		Mut		Muy	canix	afor		1	1 fact
death c death c ave carl fian, ar		4100		DUE TO, OR AS A CO	SEQUENCE OF	SINI	0 11		1) -	-		
e dece e dece may nation traus		Conditions, if on gove rise to in	nmediate	(b)	10	1004	JV		V	-		
into the death ce is that the death ce dd by the attending lease remove carb rial, cremation, or a or anher traumatic		underlying cous		DUE TO, OR AS A COI	NSEQUENCE OF							
201 ned 1 pleo uriol		PART 2. OTHER SIG	ONIFICANT CO	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	SIVEN IN	PART lin	,
RDS, 2 equire n signi Then p r to bu injury,	NO O											
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b, arked or liter 18 shows any injury	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WER	E FINDIN CAUSES (GS USED OF DEATH?
INSICIAN: The lading physicion. s certificate has burial-transit per Mental Hygiene rr frem 18 shows	E	210. ACCIDENT WAS U		216. TIME OF INJURY		21c HOW IN	JURY OCCURR	D (ENTER NATURE O			PART 2)	
SION OF VITA PHYSICIAN: IT this certificate the burial-transi and Amental Hygi d or Item 18 sh		OR CONTRIBUTING		HOUR A.M. MON	IH DAY YEAR							
PHYSIC rending this cer he burion nd Ment	MEDICAL	21d. INJURY OCCU		21e. PLACE OF INJURY		21f. LOCATIO	N	CITY	OR TOWN	cc	UNTY	STATE
JVISIG DE PH after thi The The Des The Des The Designation of the Desi	2	AT WORK NOT W	ORK	(ALTHOME, STREET, PACTOR)	OFFICE, FARM, ETC.)			/				
OO OE				l) attended the deceased	0 /	1975	., 19	_, 104	2	. 19		hat (1) (we) last
Pitte Portion of 12			ried alive on (did) (did nat/)	view the body after death	V. Santa		(our) opinion d	eath occurred on t	the dote and I			
he he epter		11% SIGNATURE	TH	100		DEGREE	TTENDING	MEDICAL _	STAFF	27	C. DATE S	IGNED O. 1
RAIL deto		ANY NAMED OF TAXABLE A	11	7/109	2	F	HYSICIAN	DIRECTOR P	YSICIAN [7-	1-81
O HOSPITAL Cetained by the TO FUNERAL Dishould be detact with the State D		224 PHYSICIAN'S N	1.F	KAV	and	22e ADDRES	Agen	Hosp				
D		BURIAL, CREMATION (SPECIFE LIKE) A	I, REMOVAL	23b. DATE 4/9/81	23c. MAME OF C	TUS /	Len TK	23d. LOCATION CUMOR TO	il tus	COUN	-	MOSTATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	_	11	,		DATE	REC'D. BY REGIS	TO A DISCL DEC		21041-	Mar.

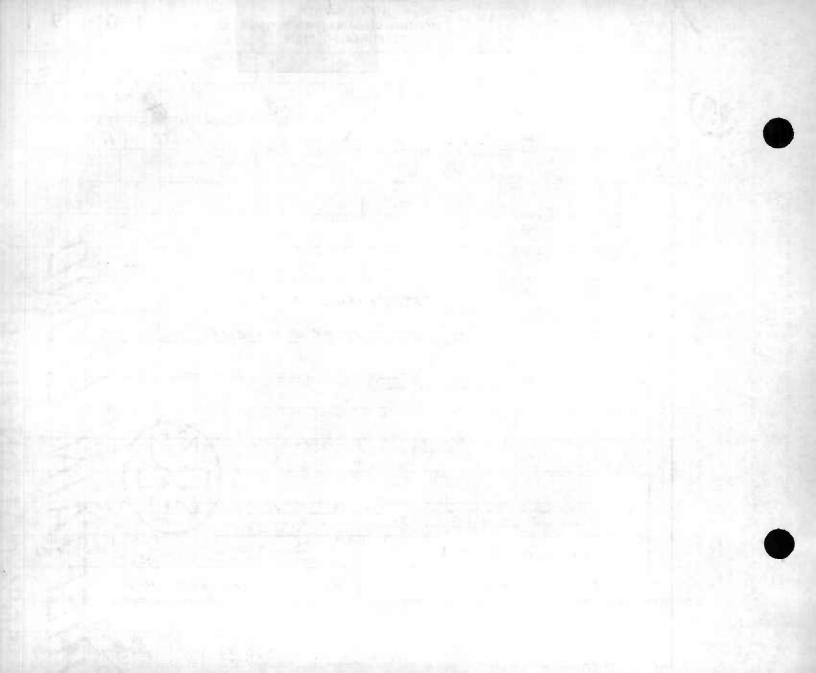


related needless as Just an Abtries a was along the white the contract of the cont

-	1	STATE OF MARYLAND
10	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN®
		REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
* 71	(1999)	OR MINIT
1 D D	-	
	1.58	MONTH DAY YEAR CONTROL DAYS HOURS WIN
1 VA		Male Negro 804 28 1898 82 YRS. MONTHS DAYS HOURS MIN
	7a. 8	RTHILAGE STATE OF FOREIGN THE CHILDREN OF WHAT COUNTRY? - 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
EC 30000	13	WIDOWED DIVORCED CITY- Bachwillend
2 11 3	10.5	OF DEATH 11 MAN OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120 KIND OF BUSINESS OR
# f ff fR9	1	TO THE SUCH FAGULTY, GIVE ATREET ADDRESS) (TYPE OF WORK FOR MOST TOF WORK ING LIFE) INDUSTRY (TYPE OF WORK FOR MOST TOF WORK ING LIFE) INDUSTRY
MEYLAND 2120 within 24 hears already filled in by all 2 should be (id.)	usi	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 124 INSCIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 125 INSCIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 126 INSCIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)
6 4 19 12	13a 5	138. INSIDE CITY LIMITS: INSTITUTE ADDRESS
4 2 1 2		100 P9110. YES NO 1003/ DOG Man HUR.
A 1 12 1	14.79	THER'S MAIDEN NAME MIDDLE MI
1 1 1 500		Jack Robinson time Woodson
Real sec	Ido. V	VAS DECEASED EVER IN U.S. ARMED FORCES! 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES ADDR LINKNOWN) (IF YES, GIVE WAR OR DATES)
MORE Foges	1	NO 426-07-0827 Amie 19/2 to 7/7, Westerd Aug N. Jersey
BALTI one b spent.		18 CAUSE OF DEATH (Enter only one cause per line for (a), A and (c)
B then then then then then the		PARTI, DEATH WAS CAUSED BY
151 Hand 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		IMMEDIATE CAUSE (a) COCO V 4/3 (1/4) CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
PRESTON he death of he attendin he attendin marken, ar i froumatic		7360 DUE TO, OR AS A CONSEQUENCE OF
de the other rounds		Conditions, if any, which (b) (b)
(2) 名 東京美祖		couse (a), distating the Due to, or AS A CONSEQUENCE OF
201 W es that med by please unal, c		underlying cause last.
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The law requir attending physician. Wer tha certificate has been signer the and Mental Hygienn prior to be thought and Mental Hygienn prior to be asked or teen 18 shows any whan	CERTIFICATION	
0 11000	3	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
The state of the s	E	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO
A Manual Control of the Control of t	1	218, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
8 8 1 1 1 1 9	A A	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ONO drings of the car	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
S Harris S S S S S S S S S S S S S S S S S S S	¥	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITYON TOWN COUNTY STATE
Africa (19)		
S S S S S S S S S S S S S S S S S S S		220 I certify that (1) (this hospital) attended the deceased fram 1/2 7/8 , 19 0 , to 19 0 , to 19 0 , that (1) (we) lost
The Part of the Pa		sow the deceased blive on 19 , ond that in (my) (aur) apinion death occurred on the date and haur and from the causes stated obove, (1) (well-did (did not view the body after death.
A bo both and be		276 SIGNATURE 22C. DATE SIGNED
AL DESCRIPTION OF THE PROPERTY		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN W
HOSPITAL med by th FUNERAL old the det old the State	1	22d. PHYSICIAN STYAME (PHOE OR PRINT) 22e ADDRESS 1
O HOSS elbined TO FUN with the		D. N DTD My Provident Hopital aboombuty the five
MP OF STATE	23a. P	SURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION COUNTY STATE
1-1-1-0 80	(
15/3 BP	24 PT	DUTIAL T-18-8 Greenwood Cem Irenton Isw Jersey NERAL DIRECTOR 116.1720 250. DATE REC'D. BY REGISTRAR 1256 TRAINERED.
DHMH - 16 60M 1/75 (VR A 15 (4))	17	NAME // ADDRESS / 66/ 128 ADD 1 9 1001
(10 × 12 (4))	10	arlon C. Douglass 1012 Penn Ave APK 1 5 1901



A	1.	FOR - STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTA		NE 8		0 1	9 1		
y be	(TYPI	CEASED NAME FOR PRINT)	Re	binsen	MIODLE	L	AST	2	O. DATE OF DEATH		9 1981	26 HOUR		
age 4 mo	3. SE	MALE	1	RACE V		5 DATE C	DAY YE	AR 56	AGE (IN YEARS LAST BIRTH	74.RS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN		
deoth. P	1	IRTHPLACE (STATE OR FORE) OUNTRY) ITY OR TOWN OF DEATH		U.S		MARRIE	DIVORCE	D	BALTIMORE CITY OF	TO.	CITY	W		
ors after	B	PHO		NOR+H	CHARLE	S GEA	POTHER INSTITUTION		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF			F BUSINESS OR		
in 24 ha	130.	MD	b COUNTY	Y	Baltim	WN	136 INSIDE CITY LIM		street appress 4105 No	rfol	k Aven	ue		
ompletel		Rufus			binsor		15 MOTHER'S MAID FIRST Fann		MIDDLE		LAS	ī		
be execu)6a \	NAS DECEASED EVER IN YES, NO OR UNKNOWN) (III	U.S. ARME FYES, GIVE W	ED FORCES? 'AR OR DATES}	216103		Bernice	Nea	ves 4105					
NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of other ding physician. After this certificate has been signed by the attending physician and completely filled in the ast the burial-transit permit. Then please remove corbanappers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremotion, or removal. Orked or them 18 shows any injury, or other troumatic event, the medical examiner must be an extended or them.		4360 Conditions, if ony, w gove rise to immed couse (a), stoting	hich diote the lost.	DUE TO, OR (b) DUE TO, OR (c)	RE AS A CONSEO	DUENCE OF WAS	CULAR A		ENT	DITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT // / // // // // // // // // // // //			
he law requi ion. has been sig t permit. Ther tene prior to b	CERTIFICATION	19a DATE OF OPERATIO					N WAS PERFORMED		20a AUTOPSY? YES □ NO 😿	20b. IF YES	, WERE FINDIN	NGS USED		
PHYSICIAN. The trending physicic trips certificate the buriol-tronsit and Mental Hygic ed or Item 18 sho	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH XAMINER)	P.A 21e. PLACE C	w. MONTH w.	19	21c. HOW INJURY C	OCCURRED	CITY OR TOW		ART 1 OR PART 2) COUNTY	STATE		
ATTENDING ospital or or or ospital or		220.1 certify that (I) (the sow the deceased above. (I) (we) (did)	olive on	4.	19 19	8-1		81 opinion dec	to 4 1 9		r and from the			
by the hy ERAL DIRE		226. SIGNATURE 226. PHYSICIAN'S NAMI		Y P			ATTEND PHYSIC 220 ADDRESS	ING I	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	19.81		
TO HOSPITAL retained by to TO FUNERAL should be de- with the State IMPORTANT:	230		110	SAEE Z		NAME OF C			IZS GEN.	HOSP)			
09 BP	(Burial UNERAL DIRECTOR	MOVAL 1	4/25/			r Cem.		Denwidd EC'D. BY REGISTRAR		CO.	STATE VA		
ĎHMH - 16 50M 1/76 (VR A 15 (4))		m. C. Marc	ch F,	/H 11	LO1 E.	North	Ave.	APR	-1 (004	JU. REGIS	A SOUTH	Bready		



0	1	FOR			DEPARTMENT C	FHEALT	H AND MENTAL H	YGIENE					9	2
1		STATE REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE O	F DEATI	Н	REG. N	0			
-	1. DE	CEASED NAME	FIRS	ST	MIDDLE		LAST	2g.	DATE K	(NOWN)	_	DAY	YEAR	2b. HOU
-	(TYP	E OR PRINT)	1		W. Damai ala		D 1		OF	MATED [_	25	1981	
h /00	1.062	(4	RACE	5. DATE OF BIRTH	Patrick	N YEARS IF U	ROCK				MONTH	DAY	YEAR	24 HOLL
1999	U.			MONTH DAY	YEAR LAST BIR	THDAY) MON	THS DAYS HOURS		ONOUN	CED	1			6 : 20 A : 20
20			White	July 15,	1958 22	YRS.			DEAD		4		1,81	A. ,
73	No B	RTHPLACE (STA	IE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARE	RIED NEVER MARRI	IFD X X		ORE CITY	_	TY OF D	DEATH	
2	1	Baltimon	e, Md	. U.S.A		WIDOV	WED DIVORC	ED D		more	,			M
50	10. CI	TY OR TOWN O	FDEATH	II. NAME OF HOS	SPITAL, NURSING HO	ME, OR OTI	HER INSTITUTION	12a USUAL	OCCUP.		PE OF WORK	12b KIN	ND OF BU	ISINESS
5	6	Baltimor	е	Universit	Y HOSPIT	al			nter					aint.
0				ME OR OTHER INSTITUTION, GI			has more emission					1-4-6	011	
5	130. S	Marylar		ounty altimore	Timoni un		13d. INSIDE CITY LIMITS?	13e. STREET		ss swood	Road	1		
	14 F4	THER'S NAME		artimore	- ZIMONIZ GI	14			vale	SWOOU	Moac			
7	1	FIRST	7.7	MIDDLE	LAST		15. MOTHER'S MAIDE		_	DDLE			LAST	
/	74 -	James		Rock	Ivi cociii araii	DIEVA:0	Patricia 17. INFORMANT	3	J,	0.	Conno	r		
2	160. V	VAS DECEASED ES, NO, OR UNKNOW	N) (IF YES,	. ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU		II. INFORMANT			ADDRESS	5			
		No			214-50-4	1216	James H. F	Rock 2	14 G	atesw	ood R	d.	Timo	nium.
		18 CAUSE OF	DEATH (Ente	er only one couse per line	for (a), (b), and (c).)	200						AP	PROXIMATI	E INTERVAL
		PARTIDEA	TH WAS CA		Multiple		es					00100	CEIT ONSE	- ALLO DERIF
	2	815	The state of		AS A CONSEQUENCE									
			, if ony, w											
			to immed toting the un		AS A CONSEQUENC	CE OF								
	-	lying cous			A CONSEGREE	JE 01				1				
		BARY 2 CTUER COS	IFICANT CANAL	(c)	BUT HAT BELLEVILLE									
	2	FARE Z UTHER SIGN	IFICANI CUNUI)	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PAI	RT 1 (a).						
_	CERTIFICATION	19g DATE OF C	DED A VIOL	I.e. co		0504710								
1	\ V	ITO DATE OF	PERATION	196. COND!	TION FOR WHICH O	PERATION V	WAS PERFORMED?						UTOPSY	?
_	#												res 🖾	NO [
0		21a EXTERNAL	CAUSE WA	110110 4 4		FAR L.	OW INJURY OCCURRE					ART 2)		
1	Z.A.	UNDERLYING CONTRIBUTING	G CAUSE	OF DEATH 2: 10	4 25 198	81 1001	torcyclist s	struck	fix	ed ob	ject			
	MEDICAL	214 INTUDY OF	CHIPPED	21a PLACE	OF INJURY (AT HOME	21f. LC	OCATION			Ba I	timor	e.		
-	1	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	Ker	ocation of Ave.	& Lilf	Tarnow	Hoot	Dr. E	3a1+	imor	e. ME
)					CHE-CHERT COLUMN	n 1 10000								
0		220. I certify	that I too	horge of the remains de	crand above, held a	AAutos	Inspection	n 🔲,	Inquiry	U, _ 0	nd in my of	pinion		
)		deoth resulted	from	Antural couses	Accident &	Suige L	, Homicide	Undeterm						
		ACTUAL .	10	1	WICL	_/_	TITLE (SPECIFY)						10	0.4
		SIGNATURE_	1	Dun	17/18	MA.	Deputy Chi	MEDICA	LEXAMI	INER	DATE	ED 4,	/25/	81
53			Th	omac D C	46 14 0	A.								
A.		EXAMINER'S N	AME [1]	omas D. Smi	in, M.D.		ADDRESSP	enn St	reet	, Bal	timor	e, I	MD.2	1201
_	23a, B	URIAL, CREMATI		AL 73b, DATE	23c NAME OF	CEMETERY C	OR CREMATORY	23d LOCA	TION			-		
	(:									- C-	COU		SI	TATE
	24. F	Buri UNERAL DIRECT	OR	IApril 28.		IS OI	Faith Cem	Balt REC'D. BY RE	GISTRAF	R 25b	IS RAR'S	ENAR	URE A	
	-	NAME DIPP	el Funer	al Homes, Inc.	7110	Belair F		281	981	pur	777/	A CO	way	
				,		ore, Md.	TOAU HEN	20			1		1	
													Sec.	

-- 0.73 \ (2.8 1.76)

anyland comidia daniyan

lange II. Hock

Slocel forest during the state of the state

A CONTRACT OF THE PARTY OF THE

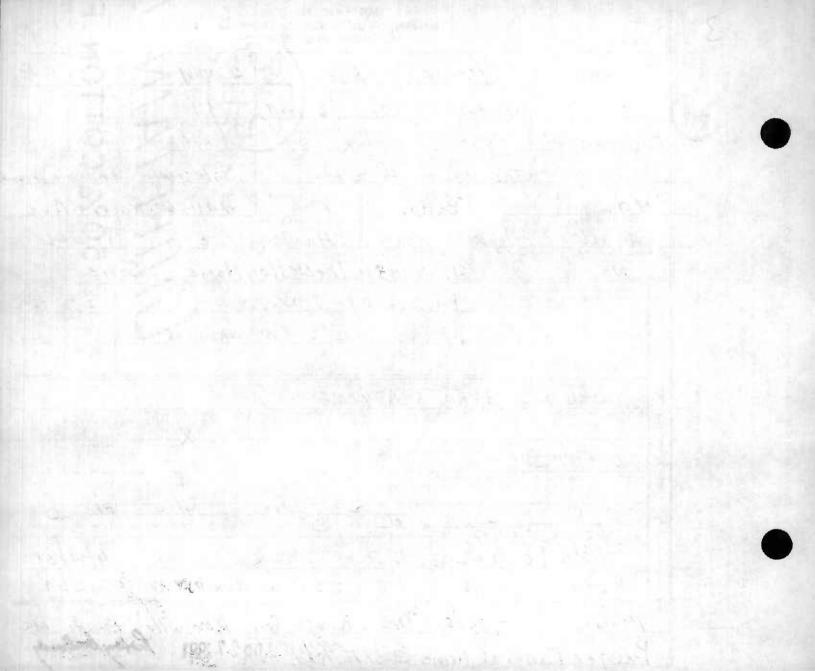
of the contract of the contrac

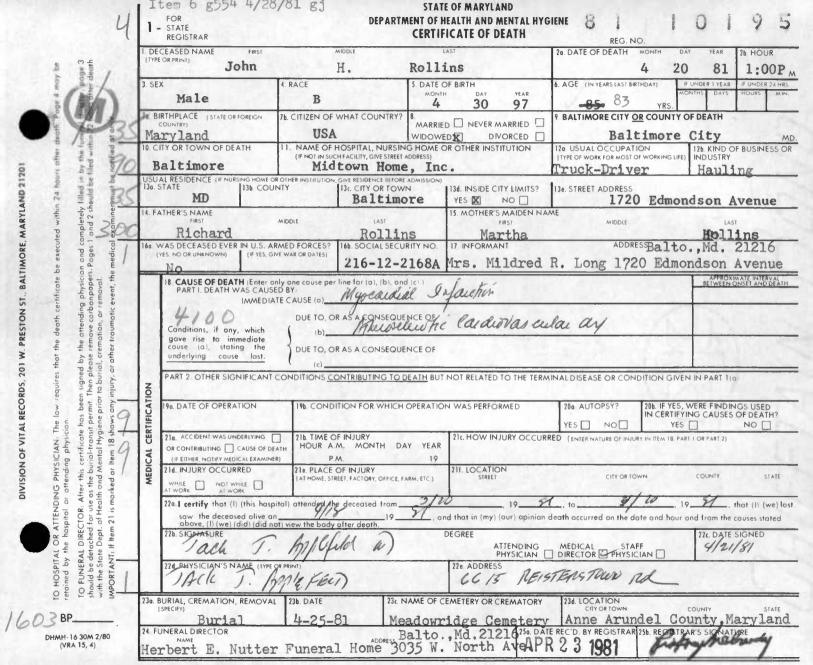
SENSON SE

. and a company of the company of th

BEARINE PARUME MEMSTARE CHESHOMF PA LUNG + DRAIN d. Diver of the more THERE WAS THEN THEN HARRY JOHN The martine 3000 M. Comment of the Service of the s

3		FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	101	9 4
deoth deoth		ECEASED NAME FIRST	HARVEY	ROE	4/22/SI	HONTH DAY YEAR	7 30
at the co	3. SE		CAUCASIAN CAUCASIAN	S. DATE OF BIRTH MONTH DAY YEAR 188	4 AGE INVENUE LANGE	PONDAY) FUNDARS YEAR HOMBHSF BARS	the second second second
	70 B	IRTHPLACE (STATE OR FOREIGN JOUNTRY) ALTIMORE, Md.	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	RCOUNTY OF DEATH	MD
19 Jour 70	10.0	BALLIMORE	11. NAME OF HOSPITAL, NURS (HENOT IN SUCH FACRITY, GIVE STREE THE WESLEY	ING HOME OR OTHER INSTITUTION ET ADDRESS) HOME INC.		F WORKING LIFE INDUSTRY	
hauld be		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	PROPRÉT INSTITUTION GIVE RESIDENCE BEFO INTY 13 CITY OR TO	WN 13d INSIDE CITY LIMIT YES X NO	2211.0	w. Rogers	Ave
and 2 s		SAMUEL	Filmore Ro	15 MOTHER'S MAIDEN FIRST ANNI	E E MIDDLE		DE LL
s. Pages			RMED FORCES? IVE WAR OR DATES) 213-09-	4899 The Wes	ley Home.	Same.	
g prysicio an paper emaval. event, the		PART I. DEATH WAS CAUS	nly one couse per line for 101, (b), o ED BY TE CAUSE (a) PULW		965770N	APPRO BETWEEN	NONSET AND DEATH
by the attending asserted and carbon and carbon are attended or a there is a there is a the attended and a transmitted as a t		Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	JENCE OF CONTROTT C	ARDIOVASCULA	2 PISENSE	Years
Then ple r ta buria injury, ar	NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
in permit iene pria	CERTIFICATION	IN. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	70s AUTOPSE?	IN CERTIFYING CAUSE YES	INGS USED 5 OF DEATH? NO []
Mental Hygist tem 18 sh		21st ACCIDENT WAS UNDERLYING [OF CONTRIBUTING [CAUSE OF DE (IF EXIMEN, NOTIFY MEDICAL EXAMINE	THE STATE OF THE S	DAY YEAR	CURRED 15-YES VALUE OF YOUR	TOTAL PERSON NAMED OF PERSONS ASSESSED.	- 3
h and M	MEDICAL	214 INJURY OCCURRED WHILE INDIVIDUAL INDIVI	27e PLACE OF INJURY 1A1 HOME STREET PACTORS, OFFICE	PARM, ETC.) 211 LOCATION STREET	cm ou to	WH COUNTY	STAR
d far use of Healt n 21 is ma		saw thredeceased alive at above, (I (we) (did) did no	atuli attended the deceased from	THE RESIDENCE OF THE PARTY OF T	nion death occurred on the do	2 19.81 ite and hour and from the	that ((we) fast couses stated
detached hate Dept		124 SIGNATURE Collect	E. Roby S.	M.P. ATTENDIN		11/2	4/8/
should be deta		41 0	PROBUTE.	M.D. 2211	W. ROGERS	AUE 212	-09
v		BURIAL, CREMATION, REMOVAL	1236. DATE 236 236 236	Druid Ridge.	SM. Ditoriown	The BAL	to. Ma
5 50M 1/81 15, 4)	24 F	UNERAL DIRECTOR	and Adams	22/ 5/12/6/250	DATE REC'D BY REGISTRAR	756 RE TRAP'S SIC A	Buch

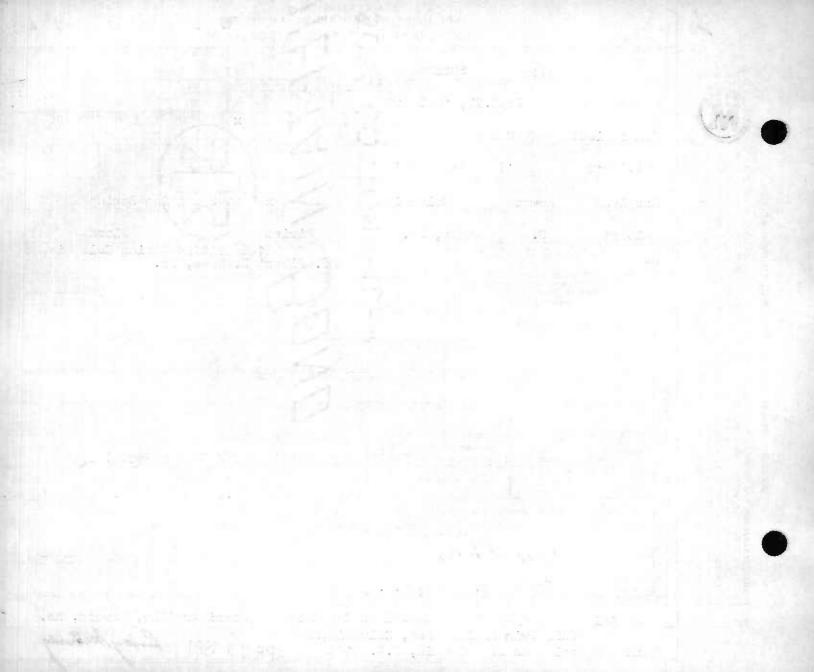




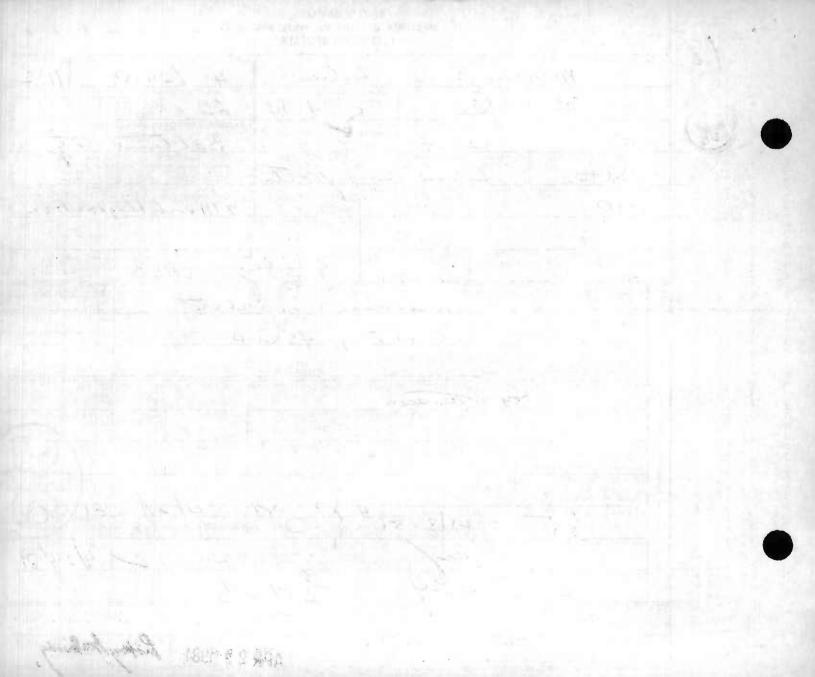
800: F II OV N	end is ten		
carp prostains			
	Home, Inc.	evontakon	
opmacA masterasta CC-1	A 2200.51		
		Standard	
	tev. for a little		

of and arrest that which the collection article Regular Territor the separation of PROPERTY OF THE PROPERTY OF THE REPORT OF THE PROPERTY OF THE

1	1	FOR					MARYLAN		numerie l		1 0		21%	-,
0	1-	STATE			DEPARTMENT O				DEATH		IU		7	1
	1. DE	REGISTRAR CEASED NAME	FIRST	744	MIDDLE	IALK 3	LAST	ATEOF	Zo. DAT	REG. N		DAY	YEAR	2b. HOUR
28 of 12 F	(TYP	E OR PRINT)	Kell		Suzanne		Ross		OF DEAT	ESTI- H MATED	0 4	0.0	19 81	74. 1100K
A SO HOLD A	3. SEX	4. R.	ACE	S. DATE OF BIRTH	6. AGE (IN			IF UNDER 24	HRS. 2c. DA	TE	MONTH	DAY	19 81 YEAR	24-HOUR 7:35
2000	F	emale	White	Sept.27,	1962 18		THS DAYS	HOURS M	IN PRONO	UNCED	4	26	19 81	1:35 a.M
- 《新能》。	Nr. BI	RTHPLACE (STATE O	OR	76 CITIZEN OF WH		7.	RIED NEV	ER AA ARRIED	9. BALT	IMORE CITY	OR COUN			
100 mm		Connectic	ut	USA		WIDO		DIVORCED	□ Bal	timore	City	/		MD.
D. 21201 2. AND DELAY IS. 3. RETAIN PAGE SENOULD BE FILED ALRECORDS, 201		TY OR TOWN OF C		11. NAME OF HOS	PITAL, NURSING HO	ME, OR OT		ION 12	OF MOST OF V	UPATION (1)	YPE OF WORK	12b KIN	INDUSTR	SINESS
A PAGE A PAGE		Baltimore			ty Hospit		STU		Stude	nt				
ANN STANY DANY DANY DANY DANY DANY DANY DANY D	USUA 13a. S		NURSING HOME OF	OTHER INSTITUTION, GIV Y	E RESIDENCE BEFORE ADMI		13d INSIDE CIT	Y LIMITS? 13	e. STREET ADD	RESS				- 1:00
Z A S S S S S S S S S S S S S S S S S S	-	Maryland	How	ard	Columbia		YES 🗌	NO X		laiting	Spri	.ng		
■ 正二さら日の /	14. FA	THER'S NAME FIRST		MIDDLE	LAST			R'S MAIDEN N	VAME	WIDDIE			LAST	
S BB V V	14-14	Albert VAS DECEASED EV	J.		oss, Jr.	UTV NO		riam		A Deb DE C	Slo			00.1
BALTIMORE, S. AFTER DEAT GIVE PAGES THE FORM PP PAGES OF PAGES OF	(7	S NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	100. SOCIAL SECUR	III NO.	Mm A	lbest	5 Waiti J. Ross	rge^en.	ing L	oTri	nbia,	Mq
		18 CAUSE OF DE	ATHE A				Litte V	TDELC .	J. 11055	, 51.		I AG	PROXIMATE	ALTERVAL
		PARTIDEATH	WAS CAUSED	BY:	far (a), (b), and (c).) Closed Hea	d Ini	(UEV							AND DEATH
201 W. PRESTON ST., UTED WITHIN 24 HOUI IN PENCIL IN ITEM 1B EXAMINER ALCONG V SIAL-TRANSIT PERMIT D MENTAL HYGENE, I ON, OR REMOVAL.		9151	IMMEDIATI		AS A CONSEQUENC		шту					-		
FES PES PES PES PES PES PES PES PES PES P	12		f any, which											
201 W. PRE UTED WITHI IN PENCIL I EXAMINER PAL - TRANS O MENTAL I		cause (a) stat	a immediate	DUE TO, OR	AS A CONSEQUENC	E OF								
KDS, 201 W. PRESTON ST XECUTED WITHIN 24 HOL VG" IN PROCIL IN ITEM 16 ALE EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, AATION, OR REMOVAL.		lying cause la	ist.	(c)								100		
DIVISION OF VITAL RECORDS, 201 V S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR RDED TO THE CHIEF ARDICAL EXA RES SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND MEI OI PRIOR TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO GEATH I	UT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1	{a.					
ECORDS. Defector ENDING: MEDICAL AS A BU EALTH AN CREMATI	CERTIFICATION											234	- 11	
SHOULD ORD "PE CHIEF A FE USED Y TO FHE USED Y URIAL, CURIAL,	CA	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFORM	AED?				20 A	UTOPSY?	
A SECOND	E E	21g. EXTERNAL CA	ALIÉE WALAC	21b. TIME OF	In Littley	Tax d							ES 🗌	NO K
A PENER MEN THE MEN TH	LCE	UNDERLYING X	XOR	HOUR XXXX	MONTH DAY YE	AR	IOW INJURY (1	
ERTIFICATE SHOULD ING THE WORD "PE ED TO THE CHIEF AS SHOULD BE USED. SEPARTMENT OF HE PRIOR TO BURIAL, OF PRIOR TO BURIAL, OF HE	MEDICAL	CONTRIBUTING [CAUSE OF D	210 PLACE C	om 4 25 19	81 pa	ssengel	r in a	UTO/F13	ed obj	ест і	mpa	21	
DIVIS THIS CER WARDED PAGE 3 S TATE DEP	Z.	WHILE NO	OT WHILE VE	STREET, FACT	ORY, FARM, ETC.]		STREET		CITY OR			YINU		STATE
DIV E: THIS GE FE, WRITI RWARDE S: PAGE 3		AT WORK AT	WORK		road.		isky Bo			east of		Mai	rylan	d Co.
A R R R R R R R R R R R R R R R R R R R					ribed abave, held an		-	Inspection L			and in my a	pinian	y . a.	
AAM RTIFF P BEC ITH RYL RYL		death resulted fr	am: Naturo	ol couses 🔲,	Accident X,	Suicide			Undetermined	manner 🔲	1			
AA WAS TO THE TO		ACTUAL SIGNATURE	lugu	10 80	ula.		TITLE (SP				DATE		1-27-	.81
SE S		SIGNATURE				^	N.U. <u>[133]</u>	310111	MEDICAL EX	AMINER	SIGNI	ED	1 21	
SERIES AND		EXAMINER'S NAM (TYPE OR PRINT)	AE Viro	ginia L. [Dolan, M.D		_ADDRESS	- 11	I Penn	Street				
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	23o. BI	JRIAL, CREMATION			23c. NAME OF C		OR CREMATOR	RY 2	23d LOCATION	1	COL	INTY	STA	ATE
BP	10	Burial		4/30/81			emeter		Marrio Marrio					
DHMH-17		INERAL DIRECTOR	0000		ls Road, C			So. DATE REC	D. BY REGIST	RAR 25b. RE	STPAR'S	SIZNIAT	RE	
(VR A 15 ME (5)) 15M 2/80	W:	itzke Fun	eral Ho	omm of Co.	lumbia, P.	A. 21	045	APR	2 9 198					



15/	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 1 9 8
by be oge 3 deoith		CEASED NAME FIRST	vicis p	K	Perbei	20. DATE OF DEATH MONTH	PAY YEAR 26 HOUR 1/39
or, p	3 SE		CAUCASIAN	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge	C	RTHPLACE (STATE OR FOREIGN OUNTRY) MARY LAND	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY	OF DEATH MD
rs ofter of filed with		Bol to	(IF NOT IN SUCH FACE	PITAL, NURSING HOME C	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE MERCHANT	12b. KIND OF INESS OR INDUSTRY RETAIL
AND 213	13a_9	AL RESIDENCE (IF NURSING HOME C STATE 136 COU		RESIDENCE BEFORE ADMISSION) CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YES XX NO	130 STREET ADDRESS APT.	307 #21215 cylfs Ave
completely filler pond 2 should		ATHER'S NAME FIRST MYER	MIOOLE	RUBIN	15 MOTHER'S MAIDEN NA FIRST ANNA	MIODIE	POSTER
BALTIMORE, cote be execu- systicion and co- pers. Pages J vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	SOCIAL SECURITY NO. 17-03-7506	XXXXXXXXX	LANNY RUBENS 36	PENNY LA. #21209
XDS, 201 W. PRESTON ST equires that the death cert signed by the attending Then please remove carbor to burial, cremation, or ret niury, or other troumatic ex-	No	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	DUE TO, OR AS		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 10
TAL RECONTAL The low rection. The low rection. Is the bos been sist permit. Sist permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. Wher this certificate hos been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIESE OF DIE	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2) COUNTY STATE
OR ATTEND ne haspital or DIRECTOR: 4 oched for use Dept of Heal		22a I certify that M (this hase sow the deceased live o above, (I weeklid) did n 22b. SIGNATURE	91 4/21	death. , or	DEGREE ATTENDING _	deoth accurred on the date and hour	that (I (we) lost ond from the couses stated
TO HOSPITAL TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE	CAR	by	PHYSICIAN [DIRECTOR PHYSICIAN	1 1/2/1/81
730 BP	, (BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	4/27/81			IAL CIRION ROSEDAI	SEUNTY BALTO. STATMD
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR SOL I			21215 250 DAT	e rec'd, by registrar 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ay the berry



1101 E. North Ave

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOUR

5:25P

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 month

STATE

IF UNDER 24 HRS

81

IF UNDER TYEAR

INDUSTRY

THORNTON

YES

Crownsvid 1

250. DATE REC'D. BY REGISTRARIES ADR 0.7 198

COUNTY

22c. DATE SIGNED

4/6/81

3

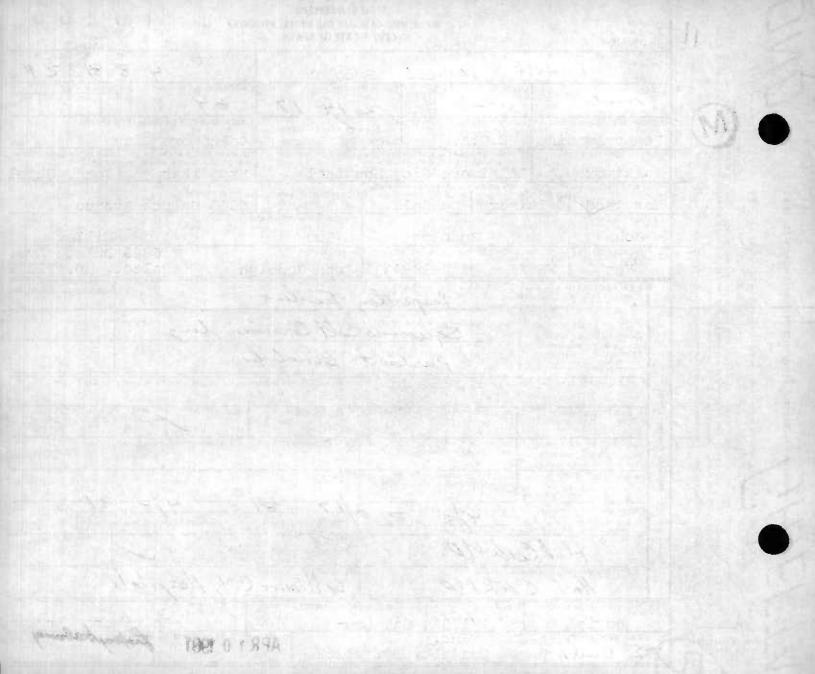
CERTIFICATE OF DEATH

55 20 . 7 A White. 3170 5 20 15 65 3514,15 altinoro Die: U.S. 6. VILLER STANSINATION OF FOLK CLUBS BALTINGRE MINTPORS N 818 Noveh Mount Street TATY M 1.0 4.0 11 TUIAG JEC . L.SI 0.500 704 16 1918 F.MC Climical Accords, Belto., Mc. 21215 TELLULA DAT CLAST SEPTIS I mouth CA OF PARTIES. THOM LENGTH CWILL AUGCRES 4/0/81 X MARKELLS, SI ARLIES, SI X XXX MARKELS, SI X

3900 Lock Payen Elvd. Balto., Md. 21218

2/6/31

STATE OF MARYLAND



				STATE OF MARTLAND	- 0 1 0	12 1 1 1
		FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	& U
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1		JAME	S	RUFFIN	4-5-81	12:0
(I)	1.56	×	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UND	DER LYEAR IF UNDER 24
1	1	MALE	Black	12 2 1902	78 YRS.	DAYS HOURS
23	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF D	EATH
<u>25</u>		UA.	LUSA	WIDOWED DIVORCED	BAHimore C	ity
-	10 0	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b	b. KIND OF BUSINES DUSTRY
<u>877</u>	V	SAHO.	Church Ho	me Hospital	LAND SCAPET	
35	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		WN 13d INSIDE ON LIMITS?	13. STREET ADDRESS BORMAN	Ave.
	14, 5	THER NAME	MIDDLE A COM	15. MOTHER'S MAIDEN NA	AME	7700
00	1 /	Eddie	WIDDIE BUTTO	LI PREST	MIDDLE	LAST
0 /		WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
1		YES, NO OR UNKNOWN) (IF YES, C	218- 10 -	2515 MARY MAI	ORY 3202 WINSO	e Ave.
į		18 CAUSE OF DEATH (Enter of	only one cause per line far (a), (b), a			APPROXIMATE INTERVIBET WEEN ONSET AND D
		PART I. DEATH WAS CAUS	ATE CAUSE (a) FAR ADVA	ANCED LUNG CARCINOM	A	1-1-1-
Ĭ.		1629	DUE TO, OR AS A CONSEOU	JENCE OF		
-		Conditions, if any, which	(b)			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
		underlying couse last.	(c)			
Ulas II	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition given in	PART I(a
50	CERTIFICATION	150 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WER	RE FINDINGS USED
1	E				YES NO X YES	CAUSES OF DEATH
6	8	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	RPART 2)
1	CAL	OR CONTRIBUTING CAUSE OF D		19		
i i	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN CO	OUNTY 51
	5	AFROW IA SACWIN	(AT HOME STREET, FACTORY, OFFICE,	PARM EIC)		317
		22a.1 certify that (1) this has	oital) attended the deceased from		1, to 4-5, 19_	81 , that (I) (w
		saw the deceased alive a	n 4-4 19_	81 and that in (my) our opinion	death accurred an the date and have and t	from the causes stat
1		226. SIGNATURE)	DEGREE	2	26. DATE SIGNED
		J. Blak	sam	M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4-5-81
4 1		226. PHYSICIAN'S NAME (TYPE	OR PRINT)		RCH HOSPITAL CORPOR	ATION 100
		DR. BERTF	RAM		LTIMORE, MARYLAND 2	
-	23o 1	SURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	-	BLIP A	4-9-81 1	1. + 1 +	CITY OR TOWN COUN	m dst.
31	24 F	JNERAL DIRECTOR	, 01 14	250. DAT	TE REC'D. BY REGISTRAR'S	SIGNATURE .
-	11	Illand C. Berezal	1206-08 W.	North Auc. AP		SvaR.
	W	THE TOP CON	INVIOLUX W.	WOLL MAC	K M D 100	- whose

The state of the s The company of the state of the of the state of the same of the state of the Tell Succession Commence William Commence of the Commence of t

	78	1-	FOR STATE			DEPART. EDICAL	MENT OF	HEALTH		ENTAL H				0	dia.	G	2.		
		1. DE	REGISTRAR CEASED NAME	FIRST	M	MIDDLE	EXAMIN	IEK 5 C	LAST	CATEO		OF OF	REG.	NO.	H DAY	YEAR	a Hous		
Duk.	W ~: .: 9	(TYI	PE OR PRINT)	Calv	in			Ru	ah		ľ		ESTI- MATED	× 3			2b. HOUR		
17-3-1	PLEASE COOR FALES TREE	3. SE	(14. RA		5. DATE OF BIRT	Н	6. AGE (IN YE	-		IF UNDER	24 HDC 1	C. DATE		L D	8 DAY	19 8 YEAR	M HOUR		
	THE PARTY OF		. /		11 29	YEAR	LAST BIRTHO	AY) MONTH		HOURS		RONOUN	ICED	3	8	19 81	10:01		
	AL AL	7a. B	RTHPLACE (STATE OR	Black	76. CITIZEN OF			0						OR COU			IAM		
	NECESSARY, CUNERAL DIR 5 FOR YOU WITHING ZO W. PRESTON	7 FC	S.	C	USA			WIDOW	ED NE	VER MARRI	ED 📋			_					
	ISN W. W.	10. C	TY OR TOWN OF DE		11. NAME OF H	OSPITAL, NU	RSING HOM					AL OCCUP	PATION	TYPE OF WOR	ore City.				
	DELAY TO TH N PAG BE FILL	F	Baltimore		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) FOR MOST OF WORKING LIFE)									OR INDUSTRY					
. 21201	EATH. IF ANY DELAY IS NEC FES 1, 2, AND 3 TO THE FUN N PM 3. RETAIN PAGE 5 FG AND 2 SHOULD BE FILED, WI FVITAI RECORDS, 201 W. P	130. S	Md.	13b. COUN			of too.		13d. INSIDE CI	TY LIMITS?	13e. STRE	2205	§Bar	clay	ay St.				
WD	1, 2, 1, 2, M 3, 3, 2, 3	100	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDEN NAME				DDLE	LAST					
DRE,	PAGES 1, ORM PM SS 1 AND ON OF VIT		Bennie Rush Lucille 1								El	lis							
IIWO	PAR	16a. V	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARA	WAR OR DATES)														
BALTIMORE, MD.	S AFT GIVE ITH F PAGE IVISIO		No				3-40-	2359	Eva	ngel	ine	Chea	atha	m 1	619	Rut	land		
	HOURS M 18. G MG WIT RMIT. P INE, DIV		18 CAUSE OF DEA PART I DEATH V	TH (Enter onl	7 0 0			1.	0 1			٥.			BET	PPROXIMAT WEEN ONSE	E INTERVAL T AND DEATH		
W. PRESTON ST.	TEN HER PER SIEN VAL		4292	IMMEDIAT	(- /- /-	Arter			Card	Iovas	cular	DIS	ease		-				
REST	HIN NST A A WITH		Conditions, if		DOE TO, C	A A CON	SEQUENCE	OF							200				
× .	WIT TRANS		gove rise to cause (o) statin		(b)	R AS A CON	SECHENICE	OF							-				
	EXECUTED NG" IN PECAL EXAM SURIAL - 1 AND MEN		lying couse last	1.	(c)	M AS A COL	SEGOENCE	Or											
DIVISION OF VITAL RECORDS, 201	SET SEE SE	NO	PART 2 DTNER SIGNIFICA	ART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.															
1 K	SHOULD ORD "PE CHIEF A E USED A TOF HE URIAL, C	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?							
N N	WORD WORD FE CHI SNT OF	1 5	210 EXTERNAL CAUSE WAS 216. TIME OF INITIARY 217, HOW INITIARY OCCUPRED SENSE NATURE OF INITIAL CAUSE.										YES 🗆	NO					
ONO	CERTIFICATE TING THE WAS TO THE 3 SHOULD E DEPARTMENT PRIOR TO E	CALCE	UNDERLYING CONTRIBUTING	OR	HOUR A	DF INJURY M. MONTH M.	DAY YEAR	21c. HC	OW INJURY	OCCURRE) (ENTER NA	ATURE OF INJU	URY IN ITEM I	18 PART 1 OR F	'ART 2)				
DIVISI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHEXECUTE THE CERTIFICATE, WRITING THE WORPAGE 4 SHOULD BE FORWARDED TO THE CIT OF UNERAL DIRECTOR: PAGE 3 SHOULD EVAFIER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYLAND, 21201 PRIOR TO BUILD INCOME.	MEDICAL	21d INJURY OCCUP WHILE NOT AT WORK AT V	RRED T WHILE WORK		OF INJURY CTORY, FARM, E			CATION TREET			CITY OR TOW	VN	c	COUNTY		STATE		
	POR HES		22a. I certify that	I took charge	e of the remains d	escribed abo	ve, held an	Autaps	у 🔲.	Inspection	X,	Inquiry		ond in my	opinian				
	ME SEE SEE SEE SEE SEE SEE SEE SEE SEE S		deoth resulted from	m: Nature	al couses X,	Accident	L, Su	icide .	, Homici	ide	Undeter	rmined ma	nner	,					
	AA WAR		ACTUAL 1		Y 10.0	^	^		TITLE (SF	,				DATE		7 /010			
	SHE SHE		SIGNATURE	ni ma	nag	m / 11)	M.	D.Assi	stant	MEDIC	CALEXAM	INER	SIGN		3/818	31		
	MED A PER DIAMONTO		EXAMINER'S NAME	Vir	rainia L	Dola	n. M.D	•/	ADDRESS			111	Penr	Stre	eet				
	5AA 5FA -	23a.B	JRIAL, CREMATION,	REMOVAL 23	3b. DATE	23c. N	IAME OF CE			RY	23d. LOC	ATION			UNTY		ATE		
	BP		Burial		3/14/81		King J	Mem	Pk.		Bal	Ltimo		Co.,	Md				
1204	DHMH - 17	24 FI	NERAL DIRECTOR		ADDRE					So. DATER			25 . 954	STRAR'S	XXX	Die de			
	(VR A15 ME (5)) 15M 2/80		Wm C Mar	ch F/	н 1	01 E	Nor	th A	ve.	MAR	101	981		17		1			

S.SEX Mail		PECEASE TYPE OR PR		Kennet	·h	Dona1	đ	D.	ussel	1	2	OF E	STI-	4.	30 ₁	YEAR O 1	2b. HOL
The Difference interest The Country of Pearly The Country of Death The Country of Death The Country of Death The Country of Pearly The Country T			4. RA	CE	S DATE OF BIRT	H 959 YEAR	L212IRTHDAY)	MONTHS	ER T YR. IF	UNDER 2		C. DATE		•	DAY	YEAR	2d. HO
ID. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR COTHER INSTITUTION IT IS USUAL OCCUPATION (TWO WORK BUSIN) STATE IT IS USUAL RESIDENCE (F IN NORSON CHORD STATE) IT IS USUAL OCCUPATION (TWO WORK BUSIN) IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION) IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION) IT IS USUAL OCCUPATION (IT IS USUAL OCCUPATION) IT IS USUAL OCCUPATION IT IS USUAL OCCUPATION	7a. f	BIRTHPL	ACE (STATE OR	2	76. CITIZEN OF	WHAT COUN	TRY?	MARRIED	-		DIX	BALTIMOR	_		TY OF DE	19	PM
13. EXTREE ADDRESS 13. COUNTY 13. CITY OR TOWN 13. MISSE (IT) WIRDS 13. STREET ADDRESS 13. MODIE 13.				EATH	(IF NOT IN SUCH	FACILITY, GIVE ST	RSING HOME, (OR OTHER	INSTITUTIO		12a. USUA	AL OCCUPAT	TION (TYPE C	OF WORK	12b. KIN		
18. FATHER'S NAME	13 a. :	STATE				13€. CITY	OR TOWN	13			13e STREI 20:	et address 3 West	ville	St			
The cause of Death (Enter only one couse per line for (o), (b), and (c).) Part I Death Was caused by: Cyanide poisoning		FATHER	SNAME		MIDDLE	Russe		19	S. MOTHER'	s MAIDEN	NAME	MIDDI	LE	Thor	npsoï	AST 2	
PARTIDEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate cause (a) adding the underlying couse lost. Due to, or as a consequence of (b) Due to, or as a consequence of (c)	160.	WAS D (YES, NO.	ECEASED EVE OR UNKNOWN)								d Ru		ADDRESS	Sä	ame		
AT WORK AT WORK home 3301 St. Paul St. Apt. 609 Baltimore M. 22a. I certify that I took charge of the remains described above, held an deoth resulted from: Natural courses Accident Suicide M. Hamicide Undetermined monner Accident M. D. Assistant MEDICAL EXAMINER SIGNED 5/1/81 EXAMINER'S NAME Margarita A. Korell, M. D. ADDRESS 111Penn Street, Baltimore, MD 21201 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE					DUETO	DACA CON	ISSOLISMOS OF								-		
AT WORK AT WORK home 3301 St. Paul St. Apt. 609 Baltimore M. 22a. I certify that I took charge of the remains described above, held an death resulted from: Natural couses Accident Suicide M. Hamicide Undetermined monner Accident Signature M.D. Assistant Medical examiner Signed 5/1/81 EXAMINER'S NAME Margarita A. Korell, M. D. Address 111Penn Street, Baltimore, MD 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE	NOI	PART	ying cause last	e. Int conditions <u>c</u>	(c)			50	R (DNDITION G	IVEN IN PART	1 (a).						
AT WORK AT WORK home 3301 St. Paul St. Apt. 609 Baltimore M. 220. I certify that I took charge of the remains described above, held an death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner , ACTUAL SIGNATURE	TIFICATION	PART	ying cause last	e. Int conditions <u>c</u>	(C)	TH RUT NOT RELA	TED TO THE TERMINA	AL DISEASE OF			1 (a).						NO 🗆
deoth resulted from: Noturol couses , Accident , Suicide X, Homicide , Undetermined monner , ACTUAL SIGNATURE	ICAL CERTIFICATION	PART	I OTHER SIGNIFICA OTHE	EATION USE WAS OR CAUSE OF D	(c)	OF INJURY .M. MONTH.	WHICH OPERAT	TION WAS	PERFORMI VINJURYO elf/ir	ED?	ENTER NA	LTURE OF INJURY	Y BN ITEM 18 PAR	RT) OR PA	YE		
EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M. D.	MEDICAL CERTIFICATION	19a. C 21a E UND CON 21d. II	OTHER SIGNIFICA DATE OF OPER EXTERNAL CAL ERLYING TRIBUTING IN I	EATION USE WAS OR CAUSE OF D RRED T WHILE	21b. TIME HOUR A DEATH 2 PLACE	OF INJURY M. MONTH M. E OF INJURY ACTORY, FARM, EI	TED TO THE TERMINA WHICH OPERAT DAY YEAR 19	21r. HOW	FERFORMI VINJURYO elf/ir	ccurred	(ENTER NA ed	CITY OR TOWN	1	co	YE YE	ES X	
(SPECIFT) CITY OR TOWN COUNTY STATE	MEDICAL CERTIFICATION	PART 19a. C 21a E UND CON 21d. II AT V deo	OTHER SIGNIFICA DATE OF OPER EXTERNAL CAL ERLYING TRIBUTING TRIBUTING LE VORK AT VORK 1. Lectify that th resulted fro	RATION USE WAS OR CAUSE OF D RRED WORK 1 Haak charge	21b. TIME HOUR A PACE STREET, h	OF INJURY M. MONTH M. PER OF INJURY ACTORY, FARM, E1 OME	DAY YEAR (AT HOME,	TION WAS 21c. HOW 21l. LOCA 3302 Autopsy de X,	VINJURYO elf/ir ATION ET St. Homicid TITLE (SPE	CCURRED 1gest Paul Inspection CIFY)	ed St. Undeter	Apt. Inquiry	609], ondi	Bali	YERT 2) UNITY Limon	es X	NO STATE Md.
Burial 5/4/81 Knollwood Park Memorial Canton Mass		PART 19a. E UND CON 21d. II AT V deo ACTU. SIGN EXAAA (TYPE	OTHER SIGNIFICA OTHER	USE WAS OR CAUSE OF D T WHILE WORK I trook charge m: Noture	21b. TIME HOUR A DEATH 2 PLACE STREET, F. h	OF INJURY M. MONTH E OF INJURY ACTORY, FARM, EI OME Accident Accident	DAY YEAR TO THE TERMINA WHICH OPERAT DAY YEAR TO 81 (AT HOME, 11) Ve, held an O, Suicin	21t. HOW See 330. Autopsy de X, M.D.	VINJURY O elf/ir ATION ET St. Hamicide TITLE (SPE ASSI	CCURRED Paul Inspection CIFY) stant	St. Undeter	Inquiry Imined monner	609], ond er [],	Balt in my op DATE SIGNE	YERT 2) UNITY timon	ce 24	NO STATE Md.

Ta hate

tersterin .en ett.

DIN SELECTION CO.

desposite - Autoli, 255 un casa a district , su litter

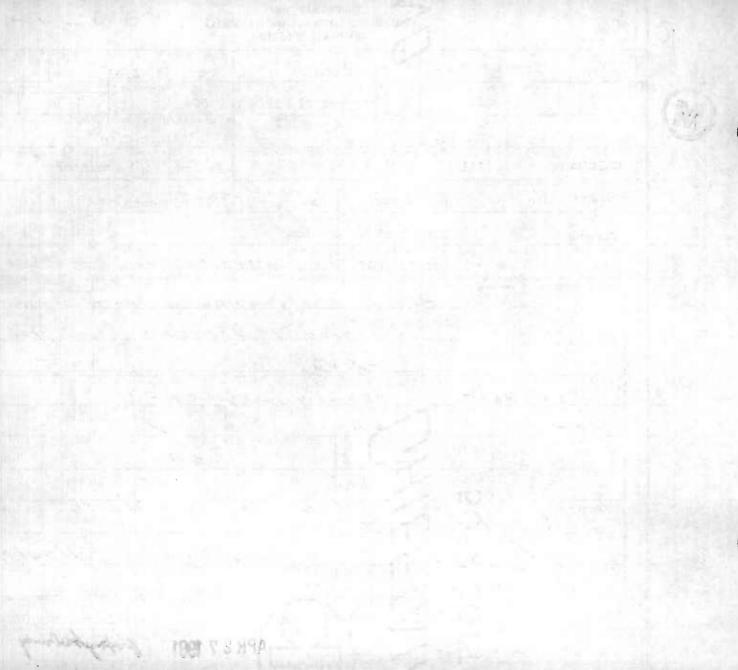
18/06/1

Leonard J Ruck Inc/ Baltimore, Maryland

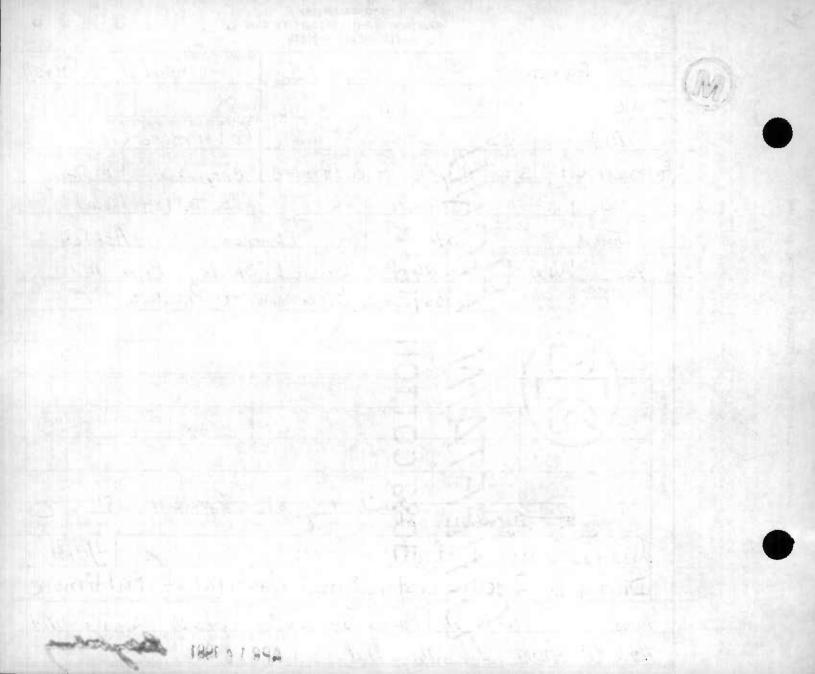
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1		1			STATE OF MARYLAN		2°3	1 0	0 0 4
		1.	FOR STATE	DEPAR	TMENT OF HEALTH AND ME CERTIFICATE OF DE		NE G I	1 0	200
			REGISTRAR				REG. NO		
	2 7		ORPRINTI Alexa	nder	Sands	5R.	A	oril 11	1981 9:45AM
	4 moy	3. SE		black	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT	HDAY} IF UN	DER 1 YEAR IF UNDER 24 HRS
	0 0	-				92		YRS.	7.474
	eoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED K NEVER MA	ARRIED	Baltimore cityo	ore Ci	ity MD.
	s ofter o	10 C	Himore City	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITU		20. USUAL OCCUPATE		NO. KIND OF BUSINESS OR
120	ours in b	USU.	AL RESIDENCE (IF NURSING NOME O	R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	10,01	CARpent	2	Building.
AND 2	erthin 24 hours of trely filled in b 2 should be filed niner must be not	130. 5	Mad 13b COU	NTY IN CITY OR TO	NOTE YES X N	10 🗆	3. STREET ADDRESS	bot R	oad
BALTIMORE, MARYLAND 21201	ompletely ond 2 s	14 FA	THER'S NAME	MIDDLE SANGE	15 MOTHER'S N	est	MIDDLE	A	Shtai
m,	5 0-		VAS DECEASED VER IN U.S. AF		CURITY NO. 17. INFORMANT		ADDRE	SS	311107
TIMO	be execusor. S. Poges e medico	(YES, NO OR UNKNOWN) (1F YES, GT	VEWAR OR DATES) 219 20	6593 Bessi	ich.	SANds	BAlte.	md.
	g physician anpapers. F remavol.		PART I. DEATH WAS CAUSI	nly ane cause per line far ja), (b), ED BY: .TE CAUSE (a) METUS	tatic Carc	inomo	a of Pro.	state	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S NO	h ce orb or o		1850	DUE TO, OR AS A CONSEC	UENCE OF			3/10	
PREST			Canditions, if any, which gave rise to immediate cause (a), stating the	(b)	HIENICE OF				
01 W.	that the day the sease re-		underlying cause last.	(c)					
RDS, 2	n signe Then p to bur	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing t</u>	O DEATH BUT NOT RELATED TO	o the termin	ial disease or cont	DITION GIVEN IN	PART 1(o)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	on. hos beer t permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORM	MED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
TAL	N. The lo hysician. icate hos ransit per Hygiene 118 shaws	E	21a. ACCIDENT WAS UNDERLYING [7 21b. TIME OF INJURY	121c HOW IN III	IDV OCCUPPE	YES NO	YES [NO 🗍
OF V	SICIAN: TI ng physicia certificate viol-transit tental Hygi		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	JKT OCCORRE	D TENTER NATURE OF INJUR	TIN HEM TO, PART TO	AFART 2)
NOIS	H Sign	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E. FARM, ETC.) 21f LOCATION STREET	1	CITY OR TO	yN (COUNTY STATE
DIVI	DING Paracter of After the os the paracter of	-	AT WORK NOT WHILE AT WORK		00:11	81	april	, 11	81
			220. I certify that (I) this hasp saw the deceased alive ar	Janu 11 19	0111	our) opinion de	, 10	te and haur and	fram the causes stated
	OR ATTER e haspita DIRECTOR ched for Ched for Dept. of H		22b SIGNAJURE	view he body ofter death.	DEGREE			-	224. PATE SIGNED
	Y the y the Adetocl		Maur 3.	Julia - 11	PHI PHI	TENDING TYSICIAN	MEDICAL STAF	FAN S	4/11/8/
	TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR, should be detached for with the State Dept. of He MADORTANT: If Hem 21 is		Diana B.	Rivera-Ce	stero Sina	i Hos	pital o	f Ba	Himore
	of of which with the state of t		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRE	EMATORY	23d. LOCATION	. Jen	UNITY / STATE
784	3BP		Bural	4-14-81	Bushy Park C	emiley	Cookswell	Hou	and Mid
20,0	OHMH-16 30M 2/80 (VRA 15, 4)	Z4 F	HOLDE (1). HOLD	ith Lety mille	md.	APR	REC'D. BY REGISTRAR	AL AR	and the same

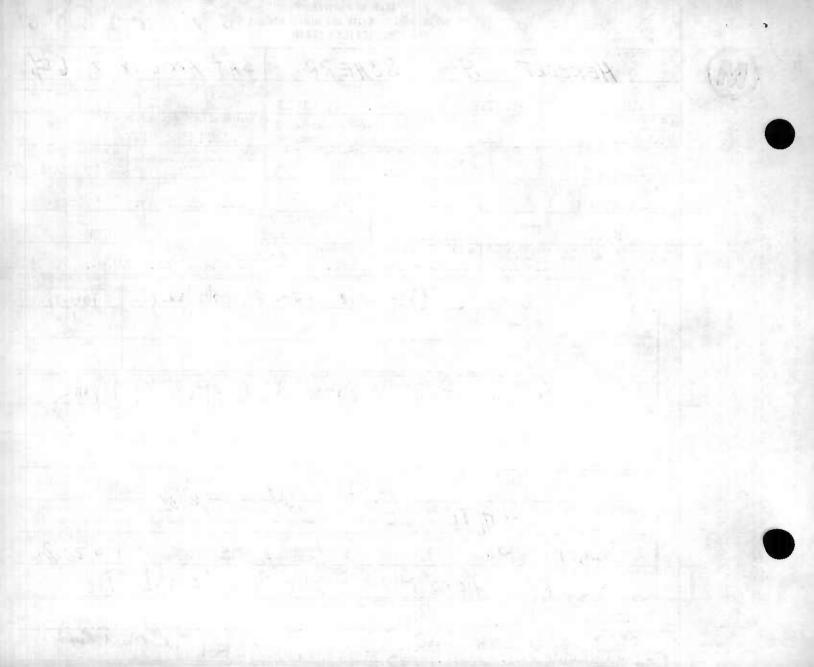


r	STAT		8a-22a F		DEP	ARTMENT OF						REG.		E.	YEAR	Zb. HOUR
L	(TYPE OR P		Gar		E.		X.	Scaf			OF	ESTI- MATED	× 4	10	19 81	
	mal	e	black		3			ONTHS DAYS	HOURS	R 24 HRS. MIN.	PRONOUN DEAD	ICED	4 4	18	19 81	PM
5	FOREIGN	PLACE (SI	MD	76. CITIZEN O	USA	OUNTRY?		ARRIED NI	VER MARK	HED X			re Ci		DEATH	ЛА
1	Ba	l timo	re	638	Pitcl	L, NURSING HO GIVE STREET ADDRE NOT Str	eet	OTHER INSTITU	NOIT	12a USU FOR A	AL OCCUP MOST OF WORK	'ATION (1 KING LIFE)	TYPE OF WORK	12b. K	R INDUS	USINESS TRY
13	STATE	MD	IF IN NURSING NOME		130	CITY OR TOW Baltime	N	YES X	CITY LIMITS?	13e STR	38 Pi	ss itch	er S	t.		
1	Ċ	R'S NAME Clif:		WIDDLE	5	Scaff			er's maid Shir		MI	IDDLE			Pric	e
16	(YES, NO	DECEASED), OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b	SOCIAL SECU	RITY NO.	Veri	mant nice	Car	ter S	PO1		syl	vani	a Av
113		gove rise couse (a): lying cous	NIFICANT CONDITIONS	DUE TO (c) CONTRIBUTING TO D	DEATH BUT NO		ERMINAL OI			RT 1 · a .						
	21a.		CAUSE WAS	21b. TIM	E OF INJU		210	NWAS PERFOR		D (ENTERN	ATURE OF INJU	URY IN ITEM	IB PART I OR F		AUTOPSY YES XX	
	COT 21d WH	INJURY O	G CAUSE OF	DEATH 21e PLA	P.M. ACE OF IN. T, FACTORY, F	JURY (AT HOME	AR 21f.	LOCATION STREET			CITY OR TOW	VN	C	OUNTY		STATE
	de	220. I certify oth resulter TUAL NATURE _	that I took charged from:	De	Accid	dent [],	Suicide	MD Assi	Inspection cide	Undete	Inquiry rmined ma	nner X	ond in my o		4/1	9/81
	(TYP	MINER'S NE OR PRIN	T)					ADDRESS_			Balti		MD 2	2120	1	
23	SPECIFY	()	on,REMOVAL :	4/29/8	31	Mt. A		or cremate n Cem		234 LO	altin	nore	ප	O .	. x = 50 %	115
	- MASS	C. I	or March F	F/H 1 1	DRESS LO1 1	E. Nor	th A	ve.	250. DAJE	REC'D BY	1981	R 25b RE	R PS	SIF A	y Ja	4

Towns is the state of the seasons of Siz Table

and the public of the second

							SIAII	OF MAKILA	MD						
	•	1.	FOR STATE REGISTRAR			DEPART		EALTH AND A		IENE 8	REG. NO.	1 0	2.	Ù	8
12	· (MA)		CEASED NAME OR PRINTI	FIRST		H.	Sc	HER	R.	SAT.	APRIL	18,	YEAR 81	26. HOUR	4 m
	E UKA	3. SE	X		4 RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHOAY]		OFR I YEAR	IF UNDER 24	HRS
	age ect s a		MALE	52	WHI	TE	JAN		1913	68	3 4	RS.	CAYS	HOURS	MIN
	h. P.	79. B	RTHPLACE (STATE OR FOR	REIGN 7	L CITIZEN OF	WHAT COUNTRY?	B	XXNEVERA	ADDIED []	9 BALTIMORE	CITY OR COU	NTY OF D	EATH		
	deat 72		MARYLAND		US	A	WIDOWE		ORCED	BALT	CIMORE (CITY			MD.
	the fur within	10 C	TY OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INST	ITUTION	12e USUAL OC	CUPATION	121	KINDO	BUSINES	SOR
5	by the	B	ALTIMORE			CH FACILITY, GIVE STREET 210 TANEY					ESMAN			RIAL	SUPP
ND 212	in 24 ho	USU 13 _R	AL RESIDENCE (IF NURSIN STATE I MARYLAND	GHOME OR C	OTHER INSTITUTION TY	13c. CITY OR TOW	'N	13d INSIDE C	ITY LIMITS?	I3r. STREET AD				215	
Y	shou shou	14. F/	THER'S NAME				N.D		MAIDEN NA	ME		D.	17 2 1	. 215	
AAR	omplet and 2		OSCAR	M	IDDLE	SCHERR			FANN:		MIDDLE	SI	MITH		
E,	× o- E/	160 V	VAS DECEASED EVER IN	U S. ARA	AED FORCES?	166 SOCIAL SECL	RITY NO	17 INFORMA		DORIS S	SCPPERR	- 0.			
WO	Pages Pages , the	(YES, NO OR UNKNOWN)	WWII	-ARMY	212-28-	9662			3737 CLA		., BAJ	LTO.,	MD 2	21215
ALTI	ficate ysicial pers. F oval. event,	-	IL CAUSE OF DEATH	(Enter only	v one couse per	line for (a). (b).	d (c).)							MATE INTERV	
÷.	phy pap emo tic e		18 CAUSE OF DEATH PART I. DEATH WA		CAUSE (o)		AVIL	ma	colon	¿ me	tartash			J.LA.	4
N N	ding ding rbon or r		1539	MMEDIAIC		R AS A CONSEQU	ENCE OF		-				11	1	
STC	e de cartion, tron, er tra	м	Canditians, if any,	which	(b)	R AS A CONSECU	ENCE OF								
<u>o</u>	at the attemove remation		gave rise to imme	ediate	DUETO	R AS A CONSEOU	NCE OF								
*	ase re al, cr		underlying cause	last	(6)	A3 A CONSECU	1402 01								
105, 20	v requires in signed hen pleas to burial vy injury,	N C	PART 2 OTHER SIGNE	FICANACO		ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TORM	INAL DISEASE C	OR COMPITION	GIVEN IN	PATIO	L	
8	s bee	CERTIFICATION	190 DATE OF OPERATE	ON	196 COND	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOP	SY? 20h. I	F YES, WER	E FINDIN	GS USED	
2	I: The I	ĪĒ								YES T	NO IN CI	ERTIFYING YES	CAUSES	OF DEATH	1?
AT/	PHYSICIAN: The glophysician. This certificate he urial-transit perm Mental Hygiene d or Item 18 sho	CER	21a ACCIDENT WAS UNDE	RLYING	21b. TIME C			21c HOW IN	JURY OCCURR	RED (ENTER NATUR			R PART 2		
40	HYSICI, physici, physici, is certiff ial-trans fental H or Item		OR CONTRIBUTING CA			.M. MONTH D.	AY YEAR								
DIVISION OF	ing pring puring puring puring puring puring puring a Med o ed o	MEDICAL	21d INJURY OCCURRE	,	21R PLACE	OF INJURY		211 LOCATIO	N		ITY OR TOWN		OUNTY		
VIS	DING P trending After th s the bur th and N marked	\$	WHILE NOT WHILE AT WORK	LE 🗌	(AI HOME, ST	REET, FACTORY, OFFICE, I	ARM, ETC.)	1 since	/10	1	12/2	(0	ONIT	STAI	•
۵	S S S S S S S S S S S S S S S S S S S		220.1 certify that (I) (I	this haspite	al) attended th	or desposed from_			1967		10/0/	. 19	. 1	hat (1) (we	e) last
	ATTE		saw the deceased abave, (1) (we) (di	d alive an	View the hold	otter death	, or	d that in (my)	(aur) apinian a	death accurred	an the date and	haur and	from the c	auses state	ed
	Orr hosp DIRE Dept.		226. SIGNATURE	Λ	1	oner death		DEGREE				2	2c DATE S	SIGNED	
	1 4		Arm	en	Thea	MIN		A	TTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	1	4/2	0/8	1
	TO HOSPITAL TO FUNERAL should be deter with the State MPORTANT:		224 PHYSICIANS NA	ME TYPE OR	PRINT			22R ADDRES) , /		1 0	71	-(0)	
	HO FUI	3	V /	OFF	114	HERR 1	MN	5	717/	Must 1	J19/K	lu	2NS		
	TO F shoul	23a	SURIAL, CREMATION, R	EMOVAL	23b. DATE	23(1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATH	ON				
7.	BP	(BURIAL		APR.2	1.1981 A	IT7 C	НАТМ		BAI.7	CIMORE _	COUNT		LAND	
1/4	DHMH-16 25M	24 F	JNERAL DIRECTOR	SOL I	FVINCO	VI C IMPORTAGE	T	2.1.7		E REC'D. BY REC	SISTRAR 25	GINTRAR'S	No. of London	IREAL	
	(VRA 15, 4) 1/79	6	010 REISTER	STOWN	N RD.	N & BROS. BALTO. M	D INC	1215	APR	2 2 198	1	7		1	
		_												-	



LIZETHIN SEHEKK HILLEY ESSA CHROLOGENIC STIDER O MANUEL SILVER HELTE MYOCHERIAL METARCTICKE TEST CONTRACT HATERY DISCHIES 18 -01-17 18 14. 14 18 - 01.15 Realister N. D. J. F. El HEUMERN V. I. KEESTEN NORTH (HARLES GEN FLOSHITEL They they shall be were APR TATA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

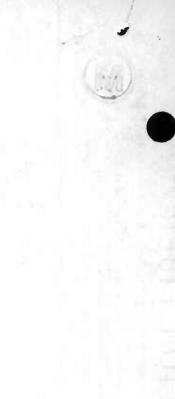
REG. NO

FOR STATE

REGISTRAR

113 (C) STAPPE TOPE O RORG DIES PROFILE The second of the property of the second of SISAMS 21.1.1.35 Marine Strain St CRAWCELLAND PORTON THE MODE KIN'S DISCENSES 18/1/2 30/1/2 ASSESSED STEPPED Col 22054.3 CONTRACTOR OF THE STATE OF THE

73	XD 01	0 safety		
willings (cft)		0.5%	Raty I said	
operator [C & P Phone Po	telle telle	Rolf acol dozania		
oue Avenue	d x	browland	busivant	
Forren	Cheriotte	L'S I	rollic	
Jeansty, millivand court 101	Labo .H. Sgitten)	17 (5 1910	nn	
Market Walter				
beilging we like	1000	10701 089	A THEAT	
	Salta amosyl	alabourg cool	Aller tureshi	



Andreas Eller 1994

	1.	FOR STATE REGISTRAR			DE	PARTMENT O	TE OF MARY HEALTH AND IFICATE OF	MENTAL HYG	CIENE 8	100	0 2	1 3
		CEASED NAME	FIRST	A	AIDOLE		LAST		20. DATE OF DEATH		AY YEAR	26 HOUR
9 75	(TYP	E OR PRINT)	lin			Sch	neller			4 -2	0-81	10100P
de 4 moy	3. SE	male	4	Carca	siam		OF BIRTH	YEAR	6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Pos n 72 hou		IRTHPLACE (STATE OR FOR	REIGN 7b.	CITIZEN OF	WHAT COU	MARI		MARRIED 🔀	9. BALTIMORE CIT		OF DEATH	MD.
ofter d sy the ful led with	1	attimore		(IF NOT IN SUC		NURSING HOM /E STREET ADDRESS)		STITUTION	12a USUAL OCCUP	ATION		BUSINESS OR
24 hours	USU 13a	AL RESIDENCE (IF NURSING		HER INSTITUTION,	GIVE RESIDENCE	CE BEFORE ADMISSIO	٧I	CITY LIMITS?	13e. STREET ADDRES	s sulvai		Ave
uted within completely if and 2 she	14. F/	ATHER'S NAME FIRST	MID	DDLE		AST		R'S MAIDEN NA	1000	,	LAST	
iMORE, n and cor Pages 1	(WAS DECEASED EVER IN YES, NO OR UNKNOWN) UNKN.	U.S. ARME			07-2355	17 INFORM	ANT	ADI	DRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a chending physician. (tee, this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbanoppers, Pages 1 and 2 should be file than and Memol Hygiene prior to burial, cremotion, or removal. orked at them 18 shows any injury, or other traumotic event, the medical exergine (must be not account of the control of the control or the control of the c	N	Conditions, if ony, or gove rise to imme couse (0), stating	diote the lost.	DUE TO, OF	SASA CON	NSEQUENCE OF	L UT NOT RELATE	D TO THE TERM	SINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(o	1
VITAL RECORI	CERTIFICATION	19a. DATE OF OPERATIO	ЭN	19b. CONDI	TION FOR V	WHICH OPERAT	ION WAS PERF	ORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING	GS USED OF DEATH?
SION OF VITA PHYSICIAN: The anding physicic this certificate the burial-transit ad Mental Hygis dar frem 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	21b. TIME OF HOUR A./	M. MONT	TH DAY YEA	R	NJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18, PA	RT I OR PART 2}	
DIVISION NG PHY offer this frer this as the bu h ond M h ond M	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		21e PLACE (OFFICE FARM, ETC.)	211. LOCAT STRE		CITY O	TOWN	COUNTY	STATE
TTENDI spital or STOR: A for use of Heal		22a.1 certify that (1) (the saw the decreased above, (1) (we) (dia	olive on	Non	20	19581	and that in (m)	, 19 <u>81</u> () (our) opinion	deoth occurred on the	dote and hour		hat (I) (we) last ouses stated
PITAL OR A by the hos VERAL DIRECT BE detoched State Dept.		226. SIGNATUR	ind M	1 /1/	lo.		DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗗	22c. DATE 9	AGNED OF SI
TO HOSPITAL retoined by the TO FUNERAL should be det with the State		120 PHYSICIAM'S NAM	1)	W D	nelp	5	22e. ADDRE	So	Ball 6	Freu	Hosp	
7 5 ± 2 3 ₹		BURIAL, CREMATION, RE		23b. DATE	-	230 NAME O	CEMETERY OF	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
70/ BP		Remova	1	4/23/	81					0		
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR NAME NAME NAME NAME	đ		Balto	DRESS Md.		250. DAT	PR 2 7 1981	AR 25b. REGISTA	AR'S SIGNATU	Recordy

Parroval 4/23/63 Instany Foard Balco., 198. FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
		CEASED NAME	FIRST		MIDDLE		AST			DAY YEAR	26 HOUR
	(line		othy		G. S	chule	er	April 24,1	981		12.15 PM
	3. SE	X	EUE	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White		May	8, 1904 YEAR	76	YRS.	MONTHS DAYS	HOURS MIN.
50		IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
20		Maryland		US.	A	WIDOWE		City			MD.
20		TY OR TOWN OF DEA	тн	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET ASTIEWOOD	ADDRESS)	DR OTHER INSTITUTION	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE		OF BUSINESS OR
35		AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR 13b. COUN		Baltimor	'N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 116 Castl	ewood	Rd.	
00	14. FA	ATHER'S NAME FIRST LOUIS		MIDDLE	Mehling		15. MOTHER'S MAIDEN NA	AME	Mo	cKenna	1
1		WAS DECEASED EVER I		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		- 19-68
1	,	no	(11 723, 014	E WAR OR GATES)	216-09-2	2522	Mr. Joseph L	. Schuler s	ame		
	NO		last.	(c)	DUTTIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM		PITION GIVE		a)
2	CERTIFICATION	19a. DATE OF OPERATI	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN	OF DEATH?
9		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOT IFY MEDICA	AUSE OF DE A	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18. PA	ART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRI		21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220. I certify that (1) (saw the decease abave, (1) (we) (di	d alive an	MPR	16 24 19 9	m) 8 -	nd that <u>in (my)</u> (aur) apinian				that (1) (we) last causes stated
		22b. SIGNATURE	my		nochap	50.		MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗌	120. DAJE	SIGNED
1		22d. PHYSICIAN'S NA	ME (T) PE O	R PRINT)	6	1	22e. ADDRESS				
		Miguel .	Karac	uschans	ky MD		300 E. 33	rd. St. Balt	imore	, Mary	land
		BURIAL, CREMATION, R (SPECIFY) Urial	REMOVAL				emetery or crematory oly Redeemer	23d LOCATION CITY OR TOWN Baltimore		COUNTY	STATE

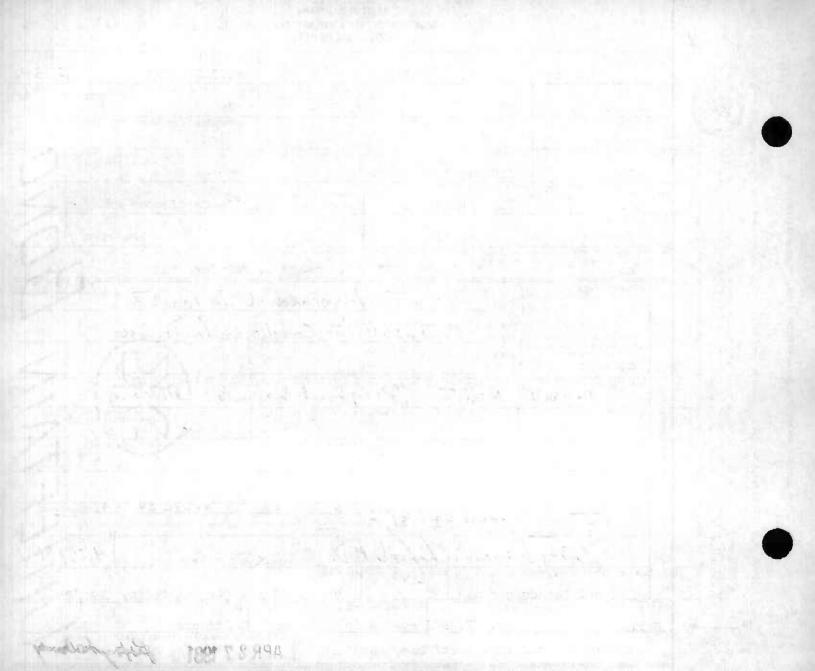
DHMH-16 30M 2/80 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltfmore, Maryland mer Baltimore Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

APR 27 1981



(VRA 15, 4)

STATE OF MARYLAND

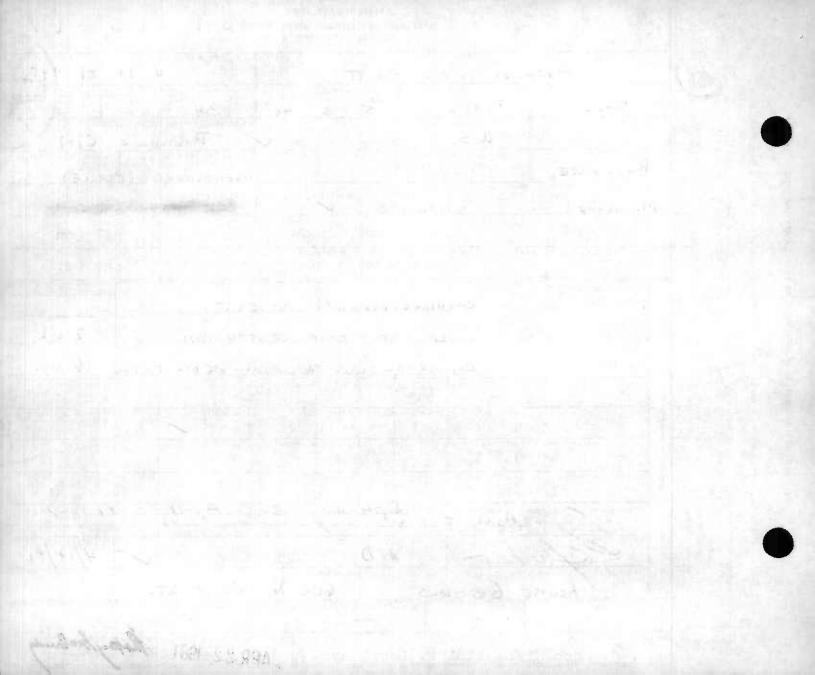


Chicago Contract ASSES . OF TEMPORE . I THE S. SOCIETA ST. 2022A Burtal Defraction of the leading of 13-73- in lating

C22i fast r. de an

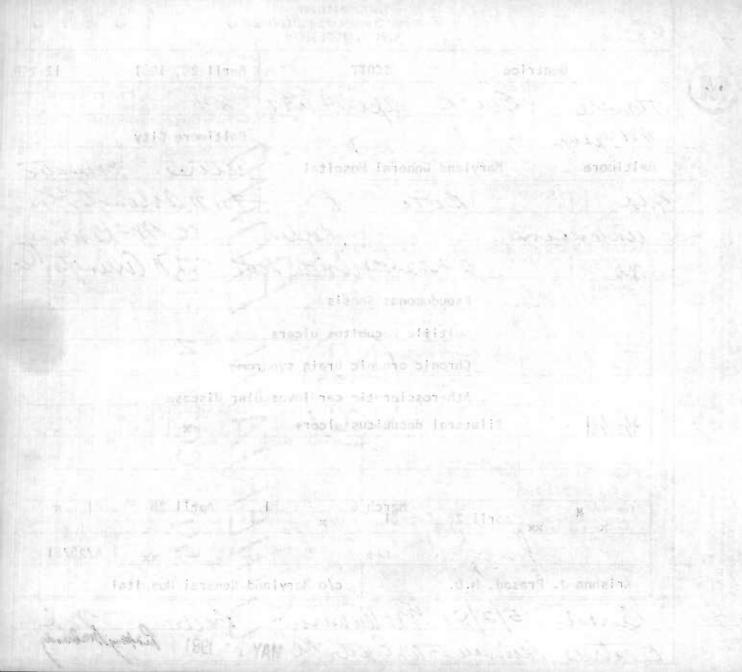
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH Rac (TYPE OR PRINT) 4 RACE 1904 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR XXXX 76, RS To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY TEACHER EDUCATION OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 15. MOTHER'S MAIDEN NAME RABBT YOSHUA LAST KOHEN ZELDA RABINOWITZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT MORRIS SCHWARTZ (YES. HAPPUNKNOWN) (IF YES, GIVE WAR OR DATES) 6711 MT. VERNON AVE. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per one for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY: esarator IMMEDIATE CAUSE (a), Stem Stroke Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION norked or CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 220.1 certify that (1) (this haspital) atjended the deceased fram and that in (my) four) abinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF FUNERAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN RHYSICIAN'S NAME 22e ADDRESS should be 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION CITY OR TOWN COUNTY BURIAL, BETH JACOB FINKSBURG CARROLL 7/81 MD 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC, DHMH-16 30M 2/80 198 (VRA 15, 4) 6010 DEISTEDSTOWN DD RALTO MD 21215



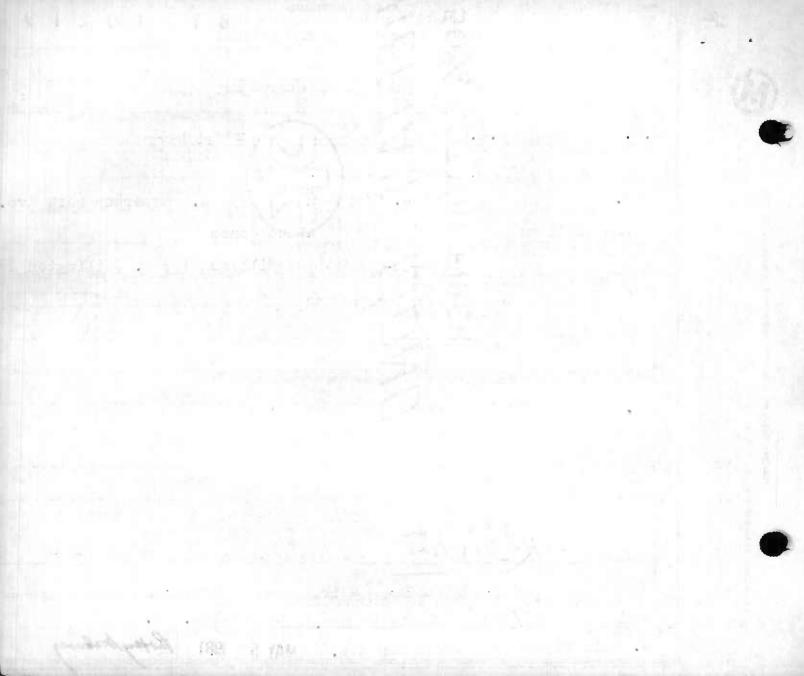


DHMH-16 30M 2/80 (VRA 15, 4)

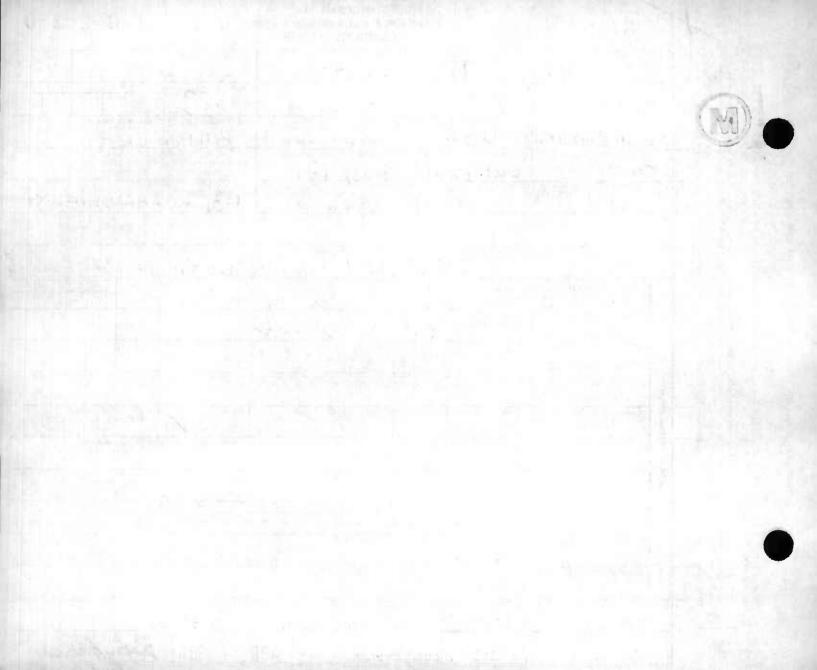
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH L DECEASED NAME LAST 26 HOUR April 28, 1981 6. AGE (IN YEARS LAST BIRTHOAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126. KIND OF BUSINESS OR BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). COUNTY STATE 81_, and that in (1961) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 4/28/81 PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital



2	1-	FOR STATE	8a-22a F:			MENT OF	HEALTH		ENTALH				1	0	2	1	9
d of Q ri	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FLORA	ME	WIDDLE	EXAMIN		COTT	AIEC		20 DATE OF	_	0	0NTH	DAY 29 19	YEAR 81	2b. HOUR
NO.	3. SE)	emale	1. RACE nearo	5. DATE OF BIRTH	¥549	6. AGE (IN YE. LAST BIRTHD) 31 YE	ARS IF UN	DER 1 YR.	IF UNDER Hours	MIN	26. DAT PRONOU DEA	D D	MO	4 :	DAY 29 1	9 8 1	2d. HOUR 9:10 am
70 00 35	FC	RTHPLACE (ST		76. CITIZEN OF W	O.		WIDOW		DIVORC	ED 1	Balt	imor	e Ci	ty.			MD.
0	R	TY OR TOWN	nore	11. NAME OF HO (IF NOT IN SUCH F 733 N.	Patte	TREET ADDRESS)	Park		ION		AL OCCU		(TYPE OF W	WORK 1	Zb. KIND OR II	OF BU NDUSTR	SINESS
5	USUA 13e. S	TATE Md.	13b COUN	OR OTHER INSTITUTION, G	IVE RESIDENCE	OP TOWN	City	13d. INSIDE (1	TY LIMITS?	13. STRE	ET ADDR	ress La-	tter	'sor	n Pa	ark	Ave.
c			Willia			LAST			ice	Jone		MIDDLE			LA		
	16a. V	VAS DECEASEE	DEVER IN U.S. ARI	WED FORCES? WAR OR DATES)		1-56-1		Alic		.llia	ams	107		Col	lir	ngto	on Av
	NO	gave ris cause (a) lying cau		(b)	AS A CON	SEQUENCE (OF	OR CONDITION	I GIYEN IN PA	RT 1 (o).							
	CERTIFICATION	19e. DATE OF		19b. COND	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?							TOPSY?	NO []
	MEDICAL CER	UNDERLYING CONTRIBUTIN	G CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR	2	W INJURY	OCCURRE	D (ENTERN	IATURE OF IN	njury in ite	M 18 PART I	I OR PART	2)		
	MED	21d. INJURY O WHILE AT WORK	NOT WHILE E	STREET FAC	OF INJURY TORY, FARM, E	(AT HOME,		TATION			CITY OR TO	OWN		CONP	4TY		STATE
2			y that I taak charg od fram: Natui	e of the remains de cal course X	Accident	Su Su	Autops icide	Hamici TITLE (SF		Undete	Inquiry ermined m CAL EXA	MINER		my apir	4-2	29-8	1
3	23a.B	Burial Burial	IONI REMOVALITA		23c. N	estvi	METERY OF	CREMATO	ark	23d. 10 Env c Ba	CATION PRIOWN L1 to	. Mc	1.	COUNT	Υ	STA	ATE
7 (5))	24 F	INFRAL DIREC	TOR	t 2700 es				17	MAY	REC'D. BY	REGISTR.	-	GISTRA	AR'S SIC	SNATUR	RE	4



	1	1	FOR STATE REGISTRAR	DI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG, NO	0 2 2 0
	oge 3 deoth deoth	(TYPE	CEASED NAME JERST OR PRINT)		Scott	20. DATE OF DEATH MONTH	3 81 10= 25 A.M
	(MALE	A RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	1	OUT CAROLINA	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	0 -
100	· 4 19 46	1	sy or town of Death Salto	LUTHERA	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
AND 213	filled in oould be	13a S	TATE 136 COUN		CE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS LA	INVALE ST
MARYL	completely I and 2 sh	14 FA	THER'S NAME FIRST	MIODLE L/	15 MOTHER'S MAIDEN NA FIRST	MIOOLE	LAST
IMORE,	n ond co		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR OATES)	SECURITY NO. 17 INFORMANT	Ward Knight	132/W. Lanuate
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2110	quires that the death certificate signed by the ottending physici Then please remove carbon paper to burol, cremation, or removal. njury, or ather traumatic event, the	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A COM	SEQUENCE OF COMMENT	AINAL DISEASE OR CONDITION C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORI	has been been permit. Sine prior was ony if	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operation was performed		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
SION OF VITA	PHYSICIAN: The ending physicic this certificate are buriol-transit of Memorial short of the 18	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MON	TH DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2) COUNTY STATE
INIG	to R ATTENDING the hospital or oth DIRECTOR. After tached for use as the EDEPT of Health at If them 21 is marke		22a.1 certify that (1) (this hospi		DEGREE ATTENDING	death occurred on the date and h	our and from the couses stated 22c. DATE SIGNED
	TO HOSPITAL TO FUNERAL should be deter with the State IMPORTANT: II			UMAR.	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	1, 1, 3, 6,
11 0	ets.	(:	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
1600	BP DHMH - 16 50M 1/76	-	Burial UNERAL DIRECTOR	4/8/81	Baltimore Cemetery	Baltimore TE REC'D. BY REGISTRAR 256. REG	Md STRAR'S SIGNATURE
	(VR A 15 (4))	Wi 1	liam C. March I		rth Avenue	R 07 1981	Hay McBredy



(VRA 15, 4)

12:30 00 1 more mi 1.500 . 15.21 73.1-75-5 2 1.94 943 which armilled reruesnee L.s.A. allience little diecont de -212 with money- to (47) L'esso L. -21 de alto. inston inter out in 411-74-9755 . R. ector . sail - +055 iccorol+ 1.-12

winich

-35-81 Tobert Tree extern Sneaville mone, o. Tern. one, filler inc-415 elain jord-2120 FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY EDUCATION 130 STREET ADDRESS 1004 LAKEMONT RD. REAMER BALTO., MD 21228 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED WILKENS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/12/81 MT. LEBANON (AGUDAS THYATTSVILLE CO MONT. ACHIM-CONG. 24 FUNERAL DIRECTOR ΨΆν ĐΑΙΕ REC'D. BY REGISTRAR 25% RI sol levinson & bros., inc. 6010 REISTERSTOWN RD. BALTO. MD. 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

25 HOUE

6:

IF UNDER 24 HR

10-51

IF UNDER 1 YEAR

desa desa the Color and a

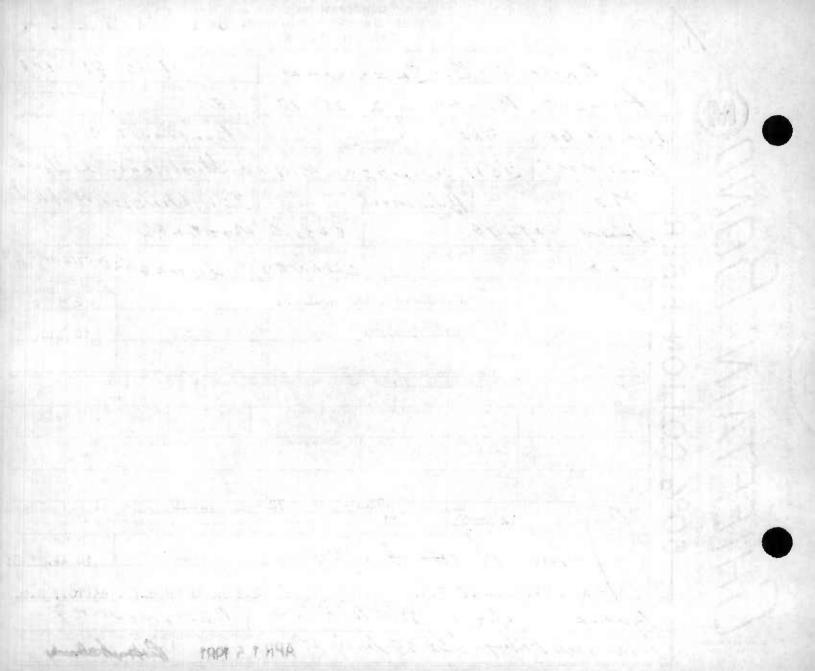
3 1.	FOR				DE	EPART/			MARYLA H AND M		YGIEN	E		0	2	2	3
	- STAT	ISTRAR			MED	ICALI	XAMII	NER'S	CERTIFI	CATEC	F DEA	TH	REG. NO)			
	DECEAS TYPE OR F	SED NAME	Leonar	-d	,	C.		131	Sennet	+		OF DEATH A	NOWN X		DAY 19	YEAR 19 81	2b. HOUR
3. 5	EX	4. R/		5. DATE OF	BIRTH	YE AR	6. AGE (IN)	EARS IF U	NDER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	19 81 YEAR	2d. HOUR
	Mal	-	hite	2	2	10	71	rrs.	THS DAYS	HOURS		PRONOUNC		4	19	19 81	10:2 D.M
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	BIRTHI FOREIGN Md	PLACE (STATE C	DR .	76. CITIZEN USA	OF WHA	T COUN	TRY?	8, MAR WIDO	RIED NI	EVER MARR DIVORC	IED LA	9. BALTIMO Bal	timor	_		EATH	MD
D 10.		timore	EATH		SUCH FACIL	ITY, GIVE ST	REET ADDRESS		HER INSTITU	NOITU	FORA	AL OCCUPA OST OF WORKII tende:	NG LIFE)	E OF WORK	12b. KIII OR	ND OF BU	SINESS
	UAL RE	Md.	13b. COUN				OR TOWN	SION)	13d. INSIDE	CITY LIMITS?	13e. STRE	SET ADDRESS	Mad:	ison	St.		
14.		R'S NAME FIRST		WIDDLE			AST		15. MOTH	IER'S MAIDE	EN NAME	MID	DLE			LAST	
	Jo	ohn		harles			Senne			Nora					S	park	3
160	IYES, NO	DECEASED EVI D. OR UNKNOWN) NO		MED FORCES' WAR OR DATES)			1AL SECUR 09-26		17. INFOR	MANT	GASS.		ADDRESS				
3		Canditians, it gave rise to cause (a) statilying cause la	a immediate ing the <u>under</u> st.	DUE T			SEQUENCE		SE OR CONDITIO	DN GIVEN IN PA	RT 1 (a).						
	19a	DATE OF OPE	RATION	19b. C	196. CONDITION FOR WHICH OPERATION WAS			WAS PERFORMED?					20 AUTOPSY?				
> 8		EXTERNAL CA DERLYING DERLYING DERLYING			IME OF IT IR A.M. I P.M.		DAY YEA	21c. H	HOW INJUR	Y OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18 I	PART I OR PA	RT 2)		
100	u I	INJURY OCCU TILE NO WORK AT			LACE OF EET, FACTOR		J AT HOME, C.)	211. L	OCATION STREET			CITY OR TOWN	4	col	YTAU		STATE
2	AC'SIG	22a I certify the eath resulted from tual enature	Om: Natur	ral causes XX	S. A.	Accident Ool	□, s	Auta uicide], Ham	Inspection	Undete	Inquiry [ermined man CALEXAMIR	ner ,	d in my ap DATE SIGNE	1	-20-8	1
3 23	BURIA	L, CREMATION	, REMOVAL 2			23c. N	IAME OF C	METERY	OR CREMAT	ORY	23d. LO	CATION		COU	NTY	ST	ATE
	611116	Remov		4/20/	51		18-11			lar	05.6/5	2001077	lact the	CYD 4510 -	101111	and.	2 1 11/2
24	NAA	RAL DIRECTOR AE atomy B		_	to.,	Md.				MA	7	REGISTRAR	238 800	STRAR'S S	TON .	rody	

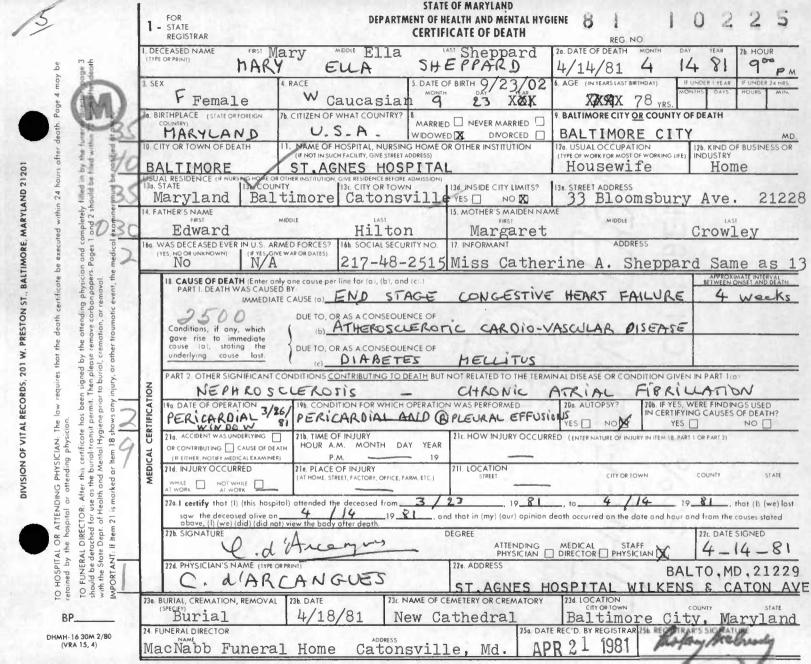
1 3 30 71 6

V. Lett

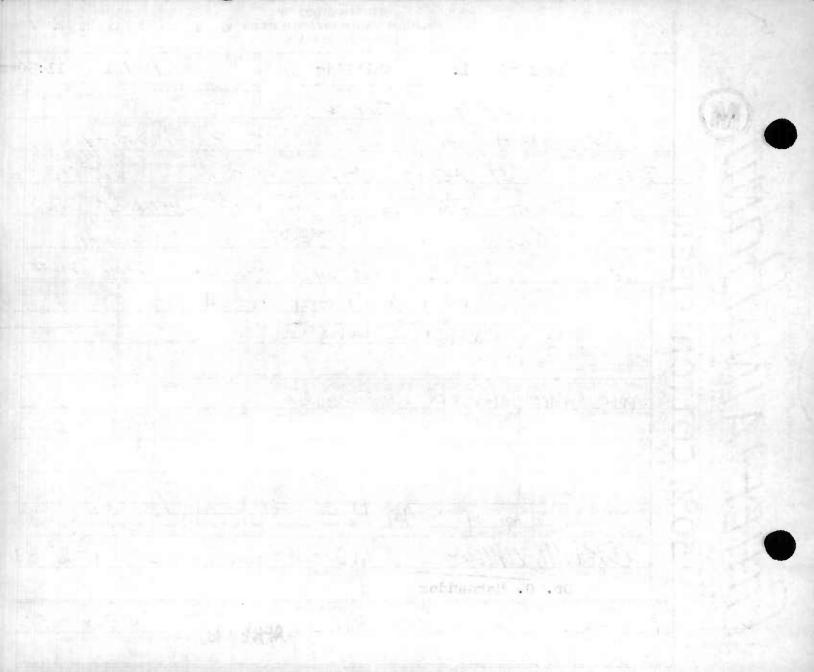
at nonthern a sor

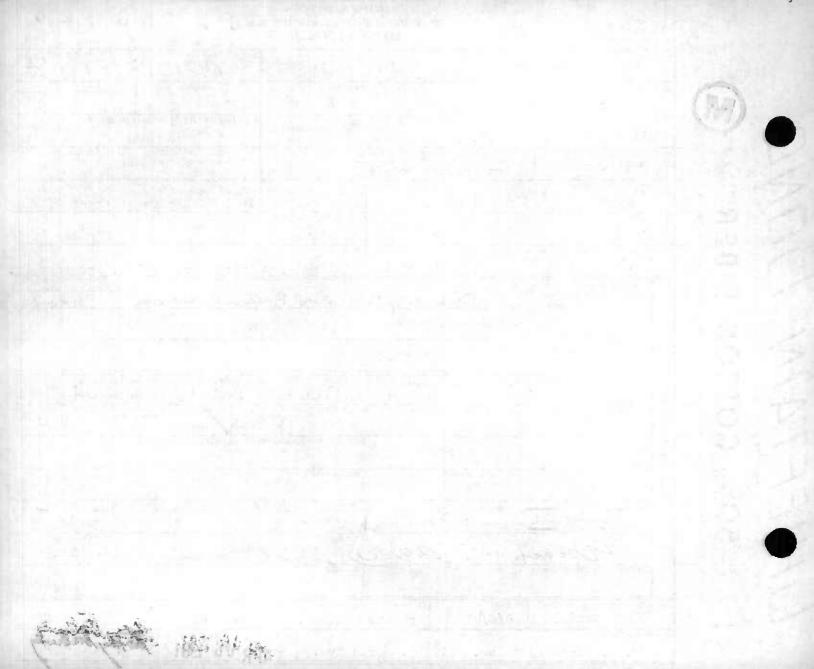
4	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	0 2 2 4
1. 31		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY GORPRINT) AND IS B. SHANNOW Y 12	SI 26 HOUR
	3. SE	1 RACE S. DATE OF BIRTH MONTH MONTH	UNDER TYEAR IF UNDER 24 HRS.
The state of the s	1	IRTHPLACE (STATE ORFOREIGN 16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF C	erry MO.
The first fi	1	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 35 // WINDS OF WORKING LIFE!	126. KIND OF BUSINESS OR
BY BY	130.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 13b. COUNTY 13c. STREET ADDRESS 13c. STREE	on Milled
1 19300		ATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST 15. MOTHER'S MAIDEN NAME CA BEST IE MY TOUGH & C.	LAST
be exected on ond of S. Pages.		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LUANEY LUANEY LUANEY LUANEY	CHANNER
ST., BAL ertificate ag physici pon paper remaval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 HPC.
that the death c that the attendia ease remove cark of, cremation, ar		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF HYPERTENSION DUE TO, OR AS A CONSEQUENCE OF	10 YRS.
ned ned y, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
The law required in the law required in the has been significant. The given prior to be shown only injury.	CERTIFICATION		VERE FINDINGS USED IN CAUSES OF DEATH?
SICIAN; ng phys certifico certifico ential-trail-trail Hpm 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING TO A CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY AND THE DAY YEAR 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 19) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 19)	OR PART 2)
NDING PHY: If or ortending of the ortending of the bus os the bus the bus os the bus the ortending of the o	WEI	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
R ATTEND hospital or hospital or hed for use spt. of Heal fer 21 is m		DECREE. 19 19 19 19 19 19 19 19 19 19 19 19 19 1	nd from the couses stated
the Digital Head		THE PHYSICIAN S NAME (TYPLOS PRINT) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 170. ADDRESS	14 APRTI 81
TO HOSPITA retained by TO FUNERA should be de with the Stot IMPORTANT IMPORTANT	23a.	JULIA R. MITCHELL III M.D. 2202 GARRISON BLVD. 236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION 23d. LOCATION 23	BALITO., M.D.
DHMH-16 30M 2/80 (VRA 15, 4)	24-P	OPERAL DIRECTOR OF SINGE STATES GIVEN STATES AND STATE REC'D. BY REGISTRAN 250. REGISTRAN 250. PAGE AND A FEBRUARY STATES OF S	
(ピ	ואף הוחוק	W/ WORKSONY





E CE NO DATIONES SEMBALES PROMITING who are when the same and the Section of the second section of the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the section in the section in the section is the sect LENG LANE SUFFEEL TO THE THE STATE





	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1022
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	
	SARAH	JANE	SHRENSEL	4-	9-81 3'
3 SE	X	4 RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UND
F	EMALE	WHITE	MONTH - 9 - 81		MONTHS DAYS HOURS
	IRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	
2	BALTIMORE	11, NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A SINAL HOSPIT	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK NONE	12h. KIND OF BUSIN
5 13a s	STATE BA	TIMO	21014 YES NO	130 STREET ADDRESS 614 FOXCE	OFT DRIVE
0 5	ATHER'S NAME FIRST BAM UEL	SHREINS	IS MOTHER'S MAIDEN NAME OF THE CAROLYN	MIDDLE	KURGAN
	WAS DECEASED EVER IN U.S. AF (YES, NO ORUNKNOWN) I IF YES, GIV NO	RMED FORCES? TE WAR OR DATES) NO	SAMUEL SHRE		EL AIR, MD 2 CROFT DR.
	PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED 8Y. TE CAUSE (a) DUE TO, OR AS A CONSEQUE!	re arrest		APPROXIMATE INT
	Canditions, if any, which	(b) Conse	utel malker	motions	
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	//		
NOI	gave rise to immediate cause (a), stating the underlying cause last	(c)	//	AINAL DISEASE OR CONDITIO	
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	(c)CONDITIONS CONTRIBUTING TO D	NCE OF	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a) IF YES, WERE FINDINGS US CERTIFY ING CAUSES OF DE. YES \(\text{NO} \) NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 214 HOW INJURY OCCUR	AINAL DISEASE OR CONDITIO	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES NO

ATTENDING PHYSICIAN:

BP.

DHMH-16 25M

TO FUNERAL DIRECT should be detached for u with the State Dept. of I

IMPORTANT: If Item

(VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

224 PHYSICIAN'S NAME (TYPE OF PRINT

226. SIGNATURE

24 FUNERAL DIRECTOR

23b. DATE 4/12/81

BROS., INC.

23c NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

22e ADDRESS

ATTENDING &

DEGREE

THE LOCATION BALTIMORE

MEDICAL DIRECTOR

STAFF PHYSICIAN

22c. DATE SIGNED

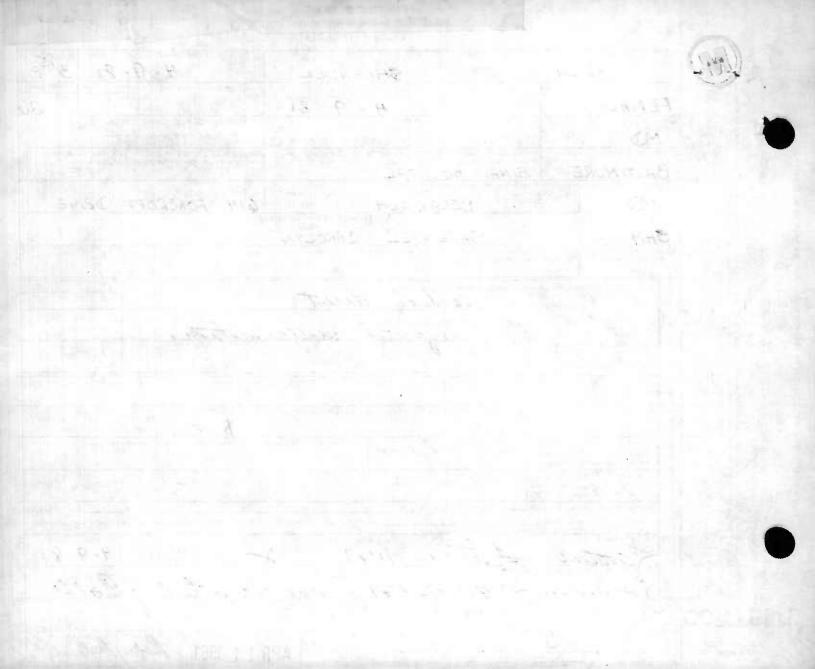
STATE

MARYLAND

250. DATE REC'D. BY REGISTRAR 256. R. B. TRAR'S SIGNATURE

ADBASLTO., MD "6010 REISTERSTOWN RD.

21215 198



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR TYPE OR PRINT THEODORE SILVA Sr. APRIL 11 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 10 12 В 68 Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY Md. WIDOWED DIVORCED [BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL Balto USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md Balto YES S NO [2020 E. Biddle St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Samue] Silva Harriet Stevenson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE, 166 SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) 218-01-4604 Laura Silva No 2020 E. Biddle St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I. DEATH WAS CAUSED BY: Cardiac arrest. 5 min. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiorespratum Cerrest Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Ileostiny 18 shews 6 NO F NO YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10 91 4/11 22a.1 certify that (1) (this hospital) attended the deceased from_ 19 8 1 sow the deceosed alive an obove (1) (we) (did (did not) view the body ofter deoth. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 225 SIGNATURE DEGREE 22/ DATE SIGNED amens tewast ATTENDING MEDICAL 8 should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 77d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS James P. Stewart, M.D. The Johns Hopkins Hospital 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE Arbutus, Md. Burial 4/17/81 Arbutus Mem Pk 24 FUNERAL DIRECTOR 25a DATE REC'D, BY REGISTRAR 25b, REGI DHMH-16 30M 2/80 (VRA 15, 4) 1101 E. North Ave. Wm C March

th

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO ALIDOLE DECEASED NAME HTHOM ICT 2a DATE KNOWN (TYPE OR PRINT) 10 81 DEATH MATED Benton Simmons 5. DATE OF BIRTH IF LINDER 24 HRS DATE white LAST BIRTHDAY) male PRONOUNCED 27 24 54 DEAD MB 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. DIVORCED Texas B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Baltimbre MeHenry Street Machinest Roper Eastern 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21223 13e STREET ADDRESS 21223 1731 McHenry St. Balto., Md. 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN YES SE NO [Marvland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST Alvin Simmons UNKNOWN Lena 17 INFÖRMANT 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Baltimore, Md. (YES, NO, OR UNKNOWN)
YES 525-30-9130 Dolores Simmons 1731 McHenry St. 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 d CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES NOXX SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE DE BALJIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Inspection XX 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street (TYPE OR PRINT) 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 4/23/81 Maryland Loudon Park Crematory Baltimore Cremation BP 24. FUNERAL DIRECTOR Balto., Md. 21229 250. DATE REC'D BY REGISTRAR 25b REC'STRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Ave. VR A15 ME (5) 15M 2/80

Size Size o un or

1 CDSu

5d 51 53 Et 6c

A CONTRACT OF THE PROPERTY OF

ment of the Miles

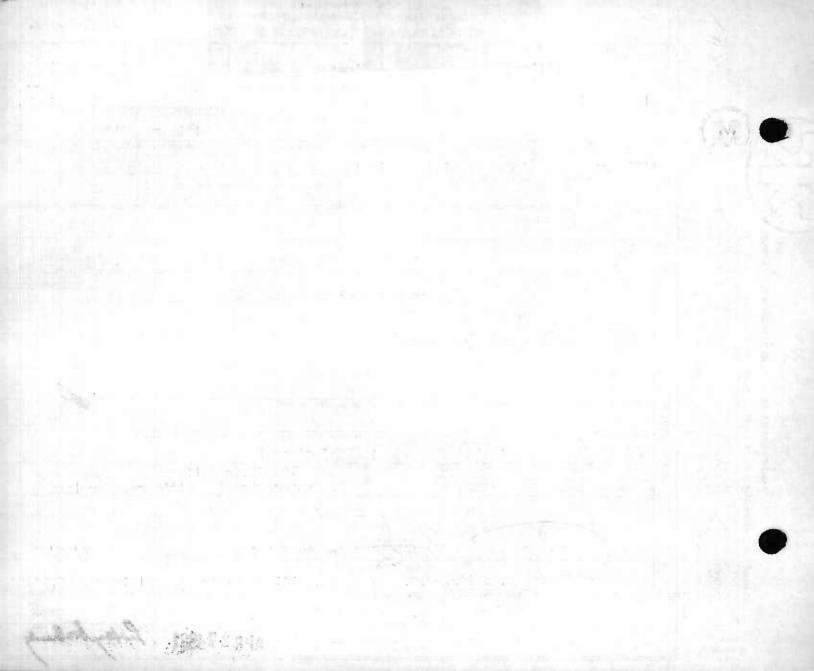
Andrews and the construction of the - 2:

SECULO TUMO BENELLA POR SOLUCIA DE SECULO IL

FILESH GREENSA in a contract of the second of

TAPE & S. R. M. Commission of the Commission of

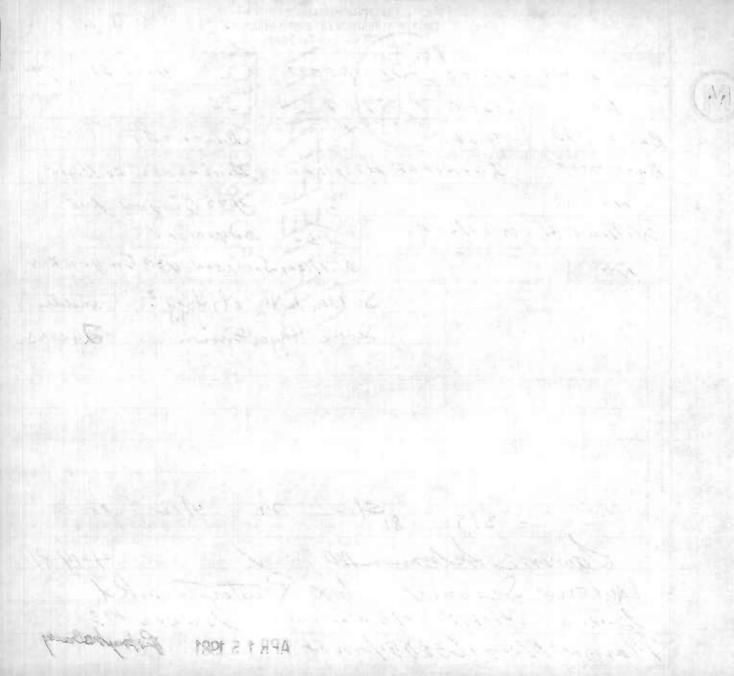
1	1-	FOR STATE			MENT OF H	HEALTH	AND MENTAL	10.43	- 75	1	0 2	3 2
0		E OR PRINT)	FIRST	MIDDLE	EXAMIN	ι	ERTIFICATE (OF ES	He	NIH DAY	YEAR 26 HOUR
PILES. TO HOURS NO STREET.	3. SE	4 RACE		DAY YEAR	6. AGE (IN YEAL LAST BIRTHDA	Y) MONTHS	DER 1 YR. IF UNDER		DEATH MATE	MÓN	NTH DAY	YEAR 2d HOUR 11:52
E S	1 0	ale Blac IRTHPLACE (STATE OR DREIGN COUNTRY) MD		3 28 DF WHAT COUN USA	52 YR	0	D NEVER MARI	RIED	Baltimore		24 10 DUNTY OF DE	
DS 20	3 0	ITY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NU SUCH FACILITY, GIVES HOPKINS	TREET ADDRESS)		R INSTITUTION		AL OCCUPATION OST OF WORKING I			O OF BUSINESS NDUSTRY
RECORD F	13a. S	AL RESIDENCE (IF IN NURSIN	G HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE	BEFORE ADMISSION OR TOWN)N)	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗀	13e. STRE 25	ET ADDRESS	Sprin	g Ct.	
OFVITAL	14. F	ATHER'S NAME FIRST George WAS DECEASED EVER IN	MIDDLE	Simr	LAST NONS CIAL SECURITY		15. MOTHER'S MAID Rolame	enia	WIDDLE	DDRESS	Powe	11
5	100.	Yes Vase of Death (I	YES, GIVE WAR OR DATES)	220-	-24-01		Christi	ne Bu				quith St
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUKIAL- IKANSII PEKMI. PAGES 1 AND 2 SHOULD BE AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS BALTIMORE, MARYLAND, 21201 PRIOF TO BURIAL, CREMATION, OR REMOVAL.	N.	couse (a) stating the lying cause last. PART 2 OTHER SIGNIFICANT CD	(c)	DEATH BUT NOT REE			OR CONDITION GIVEN IN P	PART 1 (a)).				
EUSED AS FOF HEAL URIAL, CR	MEDICAL CERTIFICATION	19a. DATE OF OPERATIO	DN 196. CO	ONDITION FOR	WHICH OPER	ATION WA	AS PERFORMED?					TOPSY?
ARTMEN IOR TO B	ICAL CER	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL	JSE OF DEATH 10:	ME OF INJURY RXAXX MONTH 1p5a. 4	24 19 8	1 Su	w MUJURY OCCURR bject sho	+			OR PART 2)	
21201 PR	WED	21d. INJURY OCCURRED WHILE AT WORK AT WOR	TILE TX STRE	ACE OF INJURY ET, FACTORY, FARM, E DUSE		211 toc st 26 S	Exeter	Floor Stree	Hallwart, Balt	y imore,	COUNTY Mary 1	state and
RE, MARYLAND,		27a. I certify that I too death resulted from: ACTUAL SIGNATURE	ok charge of the remai	Accident	n 1	Autopsycide	Homicide Title (SPECIFY)	Undete	Inquiry Inquiry Inquire		ny opinion ATE 4/2	25/81
FTER DEA	-	EXAMINER'S NAME T								Balti	more, N	MD. 21201
- 4 g		URIAL, CREMATION, REM SPECIFY) Buria	1 23b. DATE 5/1/8	1 23c. 1	d. Vet	eran		Ci	CATION OR TOWN COWNSV		COUNTY	NH5
17 E (5))	-	Wm. C. Mar	ch F/H ^	TTO1 E	. Nort	th Av	Je.	APR 2	7 1981	DE REGIS	SIGN	the state of
15M 2/80												



b. Detter d. Pourt.

Another South Title. . M.

5	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		10234
36		CEASED NAME FIRST	WIDDLE	Simpson	REG. NO.	NIH DAY YEAR 26 HOUR SPORTS A
(BA)	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER LYEAR IF UNDER 24 HRS
- CAN		F. C	Black	MONTH ON 2 YEAR	56	YRS DATS HOURS MIN.
1 11 33	B	INTHPLACE (STATE OR FOREAM)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	MD.
by the filled notified		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
24 hour filled in ould be	130	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE A ITY 13c. CITY OR TOWN		13e STREET ADDRESS	YNN AUE
npletely and 2 sh	14 F	THER'S NAME	wood nila eus	15. MOTHER'S, MAIDEN NA	BA GA MIDDLE R.	
n and can Pages 1		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDRESS ADDRESS	· 3 Conyenser
requires that the death cert en signed by the attending. Then please remove carbon or to burial, cremation, ar re- i injury, or ather traumatic e	rion	Candifians, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C		Severe Myge NCE OF EATH BUT NOT RELATED TO THE TERA		
The law rician. te has bee stiff permit green prior shows any	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED	YES NO	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate rial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
IG PHYS attending ter this of sthe bur and Me rked or It	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAI	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TOR: Af for use a of Health		220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not	3/7 19	, and that in (my) (our) opinion	death accurred on the date	ond hour ond from the causes stated
y the hosy RAL DIREC detached forte Dept.		22b. SIGNATURE	Le Aolom	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	271. DATE SIGNED 14-14-81
etoined b TO FUNE shauld be with the Si		22d PHYSICIAN'S NAME (TYPE OF	Solomon/	122e. ADDRESS 600 Rea	ster ton	nRd.
7 BP	23o	BURIAL REMATION, REMOVAL	23b. DAJE /3/1 23c. N.	AME OF CEMETERY OR CREMATORY	23d. LOCATION CONTROWN	YE MORITY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	21	Praisfall to	18mg (350)	3: firm of APR	1 5 1981 STRAR 256	the proposition by



. The first of the first of the control of the cont

90-4	April A, 1881	Skathony	.A	dout
	7:	1 1 1		
	Vallagoros Clay	x		
		rei Hospital	Harryl and Sens	daltimore
, 0.3	BUOL TEXT TO A TOTAL			0
][]	
		cionenqus Loukenia	Acute IIV	
	* * * * * * * * * * * * * * * * * * *			
	April I	Norch 25, 1 = 81 1 XY	April	XXXX X
	iaA .			
	lerigeoff foren	C/O Naryland Ko	.UTOR	Pablo H. Lo
			To the state of th	
				AND THE LATTICE

HOTEL POST, OC LEASE.	ALTERIAL RES	
		EROL MHART
89	arigw 165	E.A.
TIO RECEIPLA	USA	dkaarran
TID JOING ROMERIATRIAN SYMMES SEVER OFF	NI SECON	SECULIAL S
STRESTERATA EGIAGRAVIN	IN SHORTEN	CMAJUHAN
BARBARA JERUNGSU AKARRAS	2 8 80283	AR HULEDS
control walls B. Bolosand 10113 Bird Hiver	i	main ox
	The Bush	1-1-1-1
1907 Bill terminate work alasts 1991	.u.A .velonie	Or a series
THE CHAINEAN CHOITETAR INDUSTRICAN KICHY	NA-62-11 1	

1	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		0 2 3 8
poge 3		CEASED NAME FIRS	dith MIDDLE	SLinkman	REG. NO. 20. DATE OF DEATH MONTH	91 81 857 P
ars offer.) j	Female	4. RACE White	5. DATE OF BIRTH OS OZ Ser OS OS OS OS OS OS OS OS OS O	6. AGE {IN YEARS LAST BIRTHOAY}	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
in 72 hou		IRTHPLACE (STATE OR FOREIGH COUNTRY) Mary Land	N 75. CITIZEN OF WHAT COUNTRY $U.S.A.$	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or count	
by the filed with	100	Itimore City	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR ÖTHER INSTITUTION ET ADDRESS) Pital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKEY	17h KIND OF BUSINESS
filled in nould be	13a. 3	lary land Ba	ome or other institution give residence before DUNTY 136. CITY OR TO 150. City Balto.	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 3520 West Garra	ison Avenue
ond 2 sh		THER'S NAME FIRST Unknown	MIDDLE LAST Brown	15. MOTHER'S MAIDEN NA	da MIOOLE	Br o ŵñ
S. Pages 1		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL SEC ES, GIVE WAR OR OATES) 213-48-3	9240 2005 Wilton	Virginia a ataver Vood Road Stever	nson, MD. 211
to signed by the a transfer to buriof, cremoty or to buriof, cremoty y injury, or other tro	TION		DUE TO, OR AS A CONSEQ (c)	DENCE OF DEATH BUT NOT RELATED TO THE TERM		
in permi	CERTIFICATION	19a Date of Operation		H OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
uriol-transit	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2}
as the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION 51REET	CITY OR TOWN	COUNTY STATE
detached far use of are Dept. at Healt			hospital) attended the deceased from ye on the body after death.		death occurred on the date and ha	ur and from the couses state. 22c. DATE SIGNED 4-17-
TO FUNERAL I should be deta with the State (IMPORTANT: If		SAM)	BEBAWI	Y SINAI	Hosp of	Baltinore
D & 3 8		BURIAL, CREMATION, REMO (SPECIFY) Burial	DVAL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATIONTIlicot Liver of Howard C	t City Jounty Mary lan
IOM 2/80 5, 4)	24 F	UNERAL DIRECTEBRINE	g Byers Funeral Da oad Randallstown,	rectors, P.A. 250 DA APR	TE REC'D. BY REGISTRAR 256. REGIS	

Cash promonery arent S.K.R. Hosp of Bothward SPHY SESAWY ALEK C 1881 A-14- Market

40	1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0.	0 2	3 9
TAI)		CEASED NAME LOUIS	M.	540	MOFF	20. DATE OF DEATH	PIL 3	0,81 /	O PM
, b	3 SE	X	4 RACE	5 DATE C	OAY YEAR	6. AGE IN YEARS LAST BIRT	MON'		NDER 24 HRS
recto once		MALE	WHITE		25, 1919	61	YRS.		
al di		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
in 7	10.0	PENNSYLVANIA ITY OR TOWN OF DEATH	USA	WIDOWE			ORE CIT		MD
with with	10,0	IIT OR IOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	12e. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12h. KIND OF BUS INDUSTRY	
De TO	LIST	BALTIMORE AL RESIDENCE (IF NURSING HOME O	3415 CLAR		PT. C-2	OWNER	1.50		STORE
ad parties	130.	MARYLAND 136 COL	INTY I3c. CITY C	IMORE	YES XX NO [13e. STREET ADDRESS 3415 CLAR	APT. KS LA.	C-2 #21215	5
3600	14. F.	ATHER'S NAME		AST	15 MOTHER'S MAIDEN NA/	ME	WEG	LAST	
medic and	160.3	SAMUEL WAS DECEASED EVER IN U.S. A	SLOM	OF F AL SECURITY NO	SARAH	S. PHYLLT®		TERMAN	
Pages 1		YES, NO OR UNKNOWN) (# YES, GI	VE WAR OR DATES)	-01-7919	3415 CLARKS			TO., MD	2121
i. Then please remorrior to burial, crema s any injury, or other	CERTIFICATION	gove rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NG TO DEATH BUT		INAL DISEASE OR CON		IN PART 1(0)	LISED
18 shows		The BALL OF GLENARION		WINCH OF ENAMO	T WASTER ORMED	YES NO	IN CERTIFYIN	G CAUSES OF D	DEATH?
Mental Hygin or Item 18		718 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM T8, PART I	T OR PART 2)	
h and M narked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
or use as of Healt m 21 is r	2	220+ certify that (1) (this hosp	oital) attended the deceased		nd that in (my) (our) opinion o	, to	ote and hour or		(I) (we) lost es stoted
State Dept.		226 SIGNATULE	soluro 111		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE SIGN	
on the		DR. MARSHA			27e ADDRESS 1205 YO	RK RD.	BALTO.	, MD	
O & W	RE	BURIAL, CREMATION, REMOVAL /BURIAL	5/3/81	BETH S		234 LOCATION CITY OR TOWN SHALER T	OWNSHIP	L'LEGHEN	
IH-16 25M 15, 4) 1/79	24 F	UNERALDIRECTOR SOL		OS., INC. TO., MD	21215 MA	Y 6 1981	256 PERSONAL	ES SIGNEDAM	Ly.

E 2 18 16 7 18 4 16 purphy deline

STANDARD TON

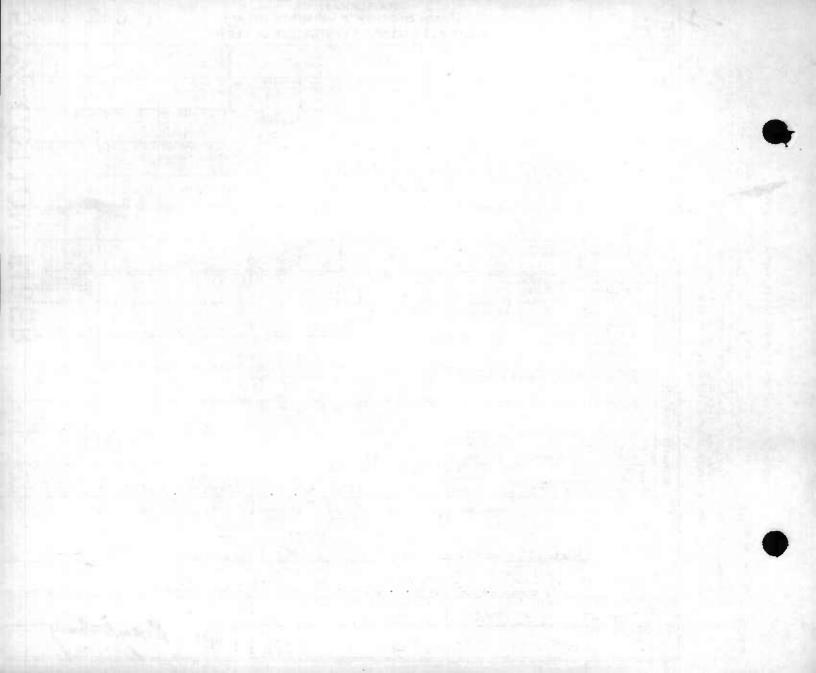
Electric and a second second

THE COME OF THE RECORDERS.

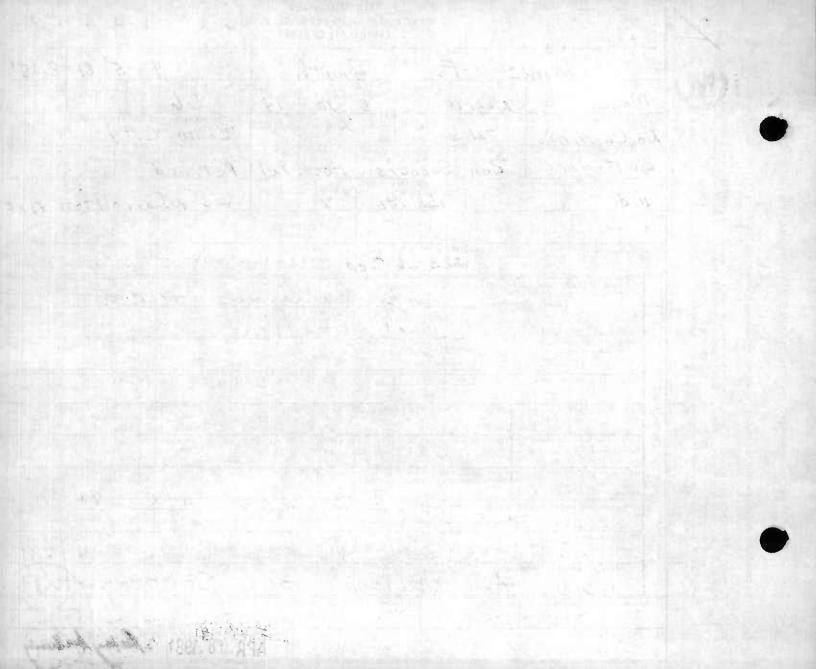
George 11 Smith 54 4 13 81 1:56p The Print - had a second of the TRUCK OF S The total control of the state of the state of the +4 A STATE OF THE STA Cardingulary Arrest 0 2 0/4 18 0/21/4 10/4 60 Foregry & Larghan mo City Waghts CHENTER TO SECURIT THROAD DOOR - WILLIAM

Web Come extract decouples

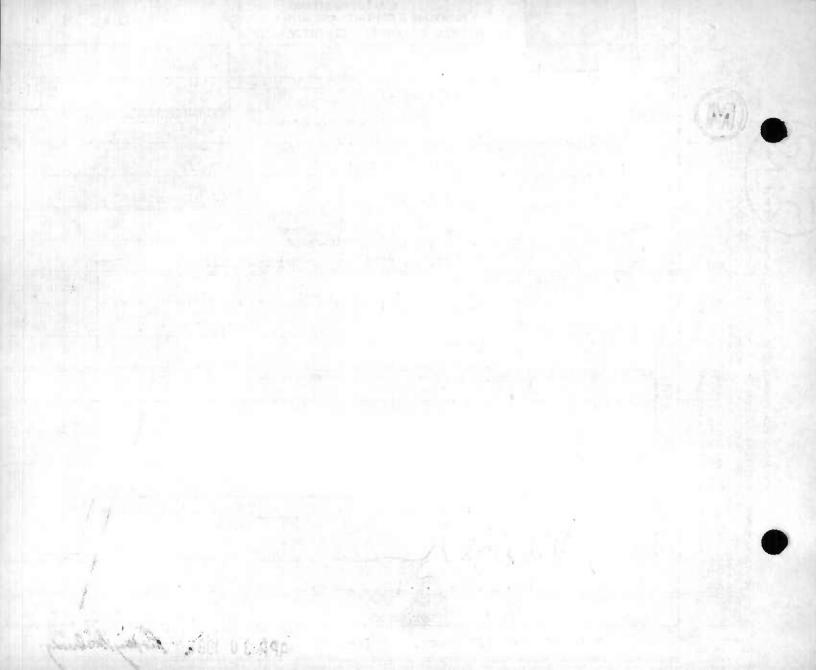
	1	8												4	0	-	11	9
		1-	FOR STATE	2								U		- 1	U	her	4-3	la
		1 05	REGISTRAR CEASED NAME	FIRST		WED		EXAMINI			ATEO	DEA		REG. NO.				-//-
			PE OR PRINT)	rikai	1 100		WIDDIE			LAG.		6	OF E	STI-	MONTH	DAY	YEAR	2b. HOUR
	ASE OR. LES.						Α.				1.34		DEATH M.	ATED .	4			M
	H D F S S	3 SE	X	4. RACE	5. DATE O		YEAR	6. AGE (IN YEAR	IF UN					0	HINOM	DAY	YEAR	2d HOUR
	S S S S S	M	ale	Black				110,	5.	DAIS	HOURS	MIN.	DEAD		4	7	1981	P-M
	ESS AIL		IRTHPLACE (51 DREIGN COUNTRY)		7b. CITIZEI	N OF WHA	AT COUN	TRY?	MARRII	D NEV	ER MARRIE	D 153	9. BALTIMOR	E CITY OR	COUN	TY OF D	PEATH	-
	S S S S S S S S S S S S S S S S S S S					US	A	res.				-	Bal	timore	e Ci	ty		MD.
			ITY OR TOWN						OR OTH	R INSTITUT	ION	12a. USL	JAL OCCUPAT	ION (TYPE C	DF WORK	12b KIN	ND OF BU	SINESS
100	SE PATON		Baltimo	Tend Tend														
	A AIN		AL RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTE	TUTION, GIVE				124 INCIDE CIT	v 1 11417 (2)	12. ÆTDI	EET ADDRESS					
212	A A S O O O O	1.00.	MD	B	a Ite	2	Ba	Itimor	e		NO P	6	5013 E	anet	te :	Rd.		
9	A 23.2	14. F.	ATHER'S NAME	- 14												-		
, W	SCENERAL STATES	0	Otis		A.			Smith	1	Ī	Silli	e	MIDDI	€		M	ôrto	n
WO	D. 213 IF A Y DELAY 2, A D 3 TO TH 3. RETAIN PAG SHOULD BE FILL IL RECORDS, 20	16a. \	WAS DECEASED							17. INFORM	ANT			ADDRESS				
T-	A SIGNATION TO SIGNATURE SIGNA		NO S	WN) (IF YES, GIVE	E WAR OR DATES)		N/A		Lill	lie M	lae	Smith	224	9 E	. C	hase	St.
	B. B. G. T. P.		18. CAUSE OF	DEATH (Enter or	nly ane cause	per line fo	ar (a), (b)	and (c).)								Al	PROXIMATE	INTERVAL
TS N	N N N N N N N N N N N N N N N N N N N		PARTI DE	ATH WAS CAUSE	D BY:	Gu			to	head						BETV	VEEN ONSET	AND DEATH
0	AZZA ZAZG		965	4 IMMEDIA		/												
P. E.	THIN NAS										100					4		
*	MIN MIN		cause (a)	stating the under-			S A CON	SEQUENCE O	F									-
201	EXA NO.	2	lying cau	se last.	1 4	- /												
DS,	A TIC		PART 2 OTHER SIG	NIFICANT CONDITIONS			T NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PART	1 (a)						
Ö	BE E	Z																
X	L CANAL	CERTIFICATION	19a. DATE OF	OPERATION	19b	CONDITIO	ON FOR V	WHICH OPERA	TION W	AS PERFORM	AED?		-			70 A	UTOPSY?	
IAI	JA SE	E																
, F	WC WC HE C	W.			21b.	TIME OF I	NJURY		21c. HO	W INJURY C	OCCURRED	(ENTER N	NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PA		res XX	NO LI
N.	A H L D K K	¥.	UNDERLYING		DEATH 8-4	19 PM				ub ioci	+ 420	cho	+					
1SIC	ERTII ING ISH PRIC	MEDICAL	21d. INJURY O	CCURRED	21e	PLACE OF	INJURY	(AT HOME,	21f. LOC	ATION	I was	3110						
á	ARIT OF SOLUTION O	X	WHILE AT WORK	NOT WHILE X	TR K			C.)			E 1	Joff.		Bal.			Mari	
	RW/ RW/ PA STA STA									10	<u> </u>		וומוו טו,		THIO	10,	Mai y	Tanu
	A E S S E E S											L.J.	Inquiry	, and	in my ap	oinian		
	AMA STIFE STIFF STIF STI		death resulte	d fram: Natu	ral causes L	J, A	Accident	LJ, Suic	ide 🔲,			Undete	ermined manne	r L.,				
	A SOUTH		ACTUAL	History	0 9	Duo									DATE	1	0 01	
3.77	SHE SHE		SIGNATURE_	Langing	u an	arete	и		M.	D. <u>ASS 18</u>	siani	MEDI	ICAL EXAMINE	R	SIGNE	D_4	-0-01	
	Z N Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		EXAMINER'S	NAME VI	1-1-1	D-	1	MD			1.1.1	D-	01					
	PAGE AFTE	730 P	TYPE OR PRIN			. 110					nv.			er				
		230. B	SPECIFY)			/01						CITY	OR TOWN		COUP	YTY		
	BP	24 F	Buri		4/13	\QT	I B	altimo	re		cery Sa. Date RE		REGISTRAR I	STA	WA	rects	ME	
	DHMH-17 (VR A15 ME (5))		NAME	March :	F/H	ADDRESS 1	E	North	λ Δ 37		ADD	1 0	1981	mappe	7"		1	
	(VK A 15 ME (5))	- "		LIGI CII .	- / 11	4401	• نند ـــ	1401 01	- AV	-	HILL	7			-	- 1	4/11	



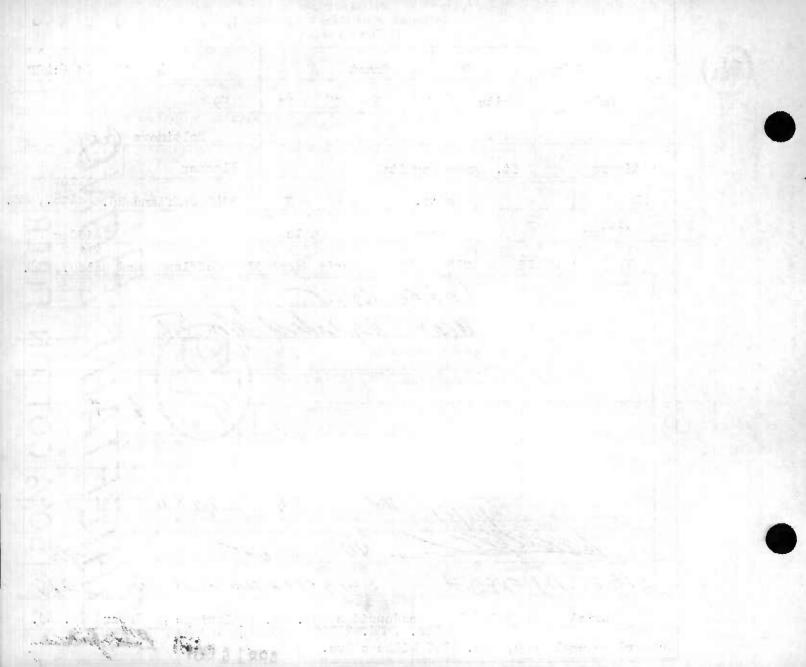
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME AATDDLE 20 DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) 8 8:2 ames SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN OF WHAT COUNTRY? NEVER MARRIED Balto. WIDOWED DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY altimore Ketired Decaurs USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY 13e STREET ADDRESS 13c CITY/OR TOWN 13d INSIDE CITY LIMITS? 177 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Hülda MIDDLE Joyce^{AST} Smith Fletcher ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Willie Mae Smith 23 N. Carrollton No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a DIVISION OF VITAL RECORDS, CERTIFICATION 9 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? DL IN CERTIFYING CAUSES OF DEATH? bei YES [NOF NO ntol Hygi 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 2 0 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE arked NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (our) apinion death accurred an the dote and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22h. SIGNATURE DEGREE 22c. DATE ST NED ATTENDING + FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23¢ BURIAL CREMATION REMOVAL 23b DATE COUNTY STATE (SPECIFY) Calvary Cem Baltimore Burial Ca 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 HE DHMH - 16 60M 1/75 1101 E. North Ave. (VR A 15 (4)) March F/H



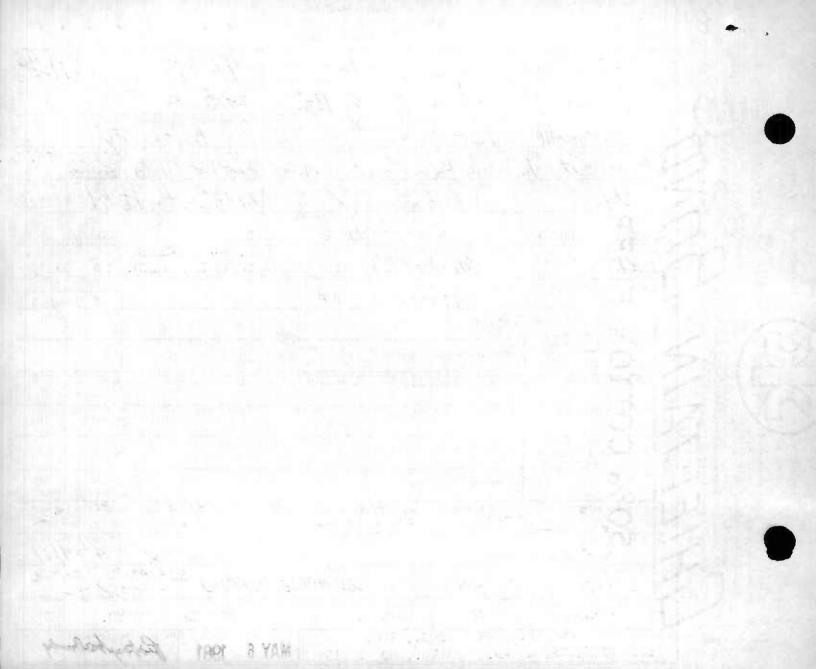
/	1.	FOR STATE			EPARTMENT OF H		MENTAL		10	2 4	1 4
5		REGISTRAR	FIRST	MEI	DICAL EXAMINI		IFICATE C		REG. NO.		
0 × 50 ×		CEASED NAME	MAR I	E	WIODIE	SMIT	11	20. DATE KNO OF ES DEATH MA	WN MONTH		year 26. HOUR
TREE PRE	1. SE	4. RAG		5. DATE OF BIRTH	YEAR LAST BIRTHDAY	S IF UNDER 1	YR. IF UNDER	24 HRS. 2c. DATE	HTHOM	DAY	YEAR 24 HOUR
1	Je. B	HTHPLACE (STATE OR	hite	January 7b. CITIZEN OF WH			NEVER MARR	DEAD 9. BALTIMORE	CITY OR COUN	28 19 ITY OF DEAT	
		Maryland		U.S.A		WIDOWED 3	DIVORC		ore City	/	MD.
RECORDS, 201 V	1	TY OR TOWN OF DE Baltimore	ATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, JULITY, GIVE STREET AGORESS) Aritan Hospi		TITUTION	FOR MOST OF WORKING Housewife	ON (TYPE OF WORK		OF BUSINESS DUSTRY
25.000 AL	1130. S	AL RESIDENCE (IF IN AI TATE Maryland	13b. COUN	ROTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	4)	SIDE CITY LIMITS?	13e STREET ADDRESS 5606 Plym	outh Rd		
	14. F/	THER'S NAME FIRST Joseph		MIOOLE	LAST		OTHER'S MAIDI	EN NAME MIDOLE		LAST	
on invision of	16a. V	VAS DECEASED EVER	IN U.S. ARA	MED FORCES?	recky	NO. 17. IN	Anna FORMANT	? AI	DDRESS	?	
1	(1	NO, OR UNKNOWN)	(IF YES, GIVE V	WAR OR OATES)	217-60-257			J Smith		ame	
MAD, 21201 PRIOR TO BURNEY, CREMATION, OR REMOVAL.	No	Conditions, if gave rise to couse (o) stoting lying cause lost. PART 2 OTHER SIGNIFICAN	immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE O	:	IOITION GIVEN IN PA	ŘŤ 1 (e).			
SIAL, CI	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDITI	ON FOR WHICH OPERA	TION WAS PER	RFORMED?			20 AUTO	OPSY?
		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEAR	21c. HOW (N.	JURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P.	YES	□ № [Х
21201 PKR	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT W		21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATIO STREET	N	CITY OR TOWN	cc	YTAUC	STATÉ
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Notur	V	ribed obave, held on Accident , Suic	тіт	Inspection	Undetermined manner	and in my o	1-2	29-81
PAE -	23a.Bl	JRIAL, CREMATION, F		36. DATE	23c. NAME OF CEME		.00	23d. LOCATION CITY OR TOWN	COU		STATE
-	24. FI	Burial INERAL DIRECTOR		5/2/81	Parkwood		25a. DATE I	Baltimore REC'D. BY REGISTRAR 25		SIGNATURE	
H - 17 5 ME (5))			Ruck	Inc. Bait	imore, Mary	land	APR	3 0 1981	testay!	halis	dy



1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H.	CASE OF	Latt.
35	- 31 1 1 L	i yai e	
nt to the little to the control	EN TOTAL		din andle
3 1,0 100 = 1,0 100 = 15	λ	sali trata (
William Property of the Control of t		o drive to 4 2	di diopalir
HIRL CHENT OF ERTER	mak lan s	(25 12 577)	
X			
		75 (E. 165 B. 165)	
	t to set of	4/7//11 1	Marin Park



n	1		S	TATE OF MARYLAND			
. • 8	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGII TIFICATE OF DEATH		1 0 2	4/
noy be page 3 or death		CEASED NAME FIRST OR PRINT) EMANUAL	Smuc	Rlor	REG. NO 20. DATE OF BEATH	ONTH DAY YEAR	26 HOUR 45
4 0.5	3 SE			TE OF BIRTH ONTH 6 DAY 1896 FEAR	XXXXXX 84	DAY) IF UNDER 1 YEAR	HOURS MIN.
fore of diseases for diseases for dear over		Battimos HI	you wild	RRIED NEVER MARRIED DOWNED DIVORCED	BALTIMORE CITY OR	to. City	MD.
201 rs ofter filed with	Bu	Himore City Ve	NAME OF HOSPITAL, NURSING HOL (IF NOT IN AUCH ACILITY GIVE STREET ADDRESS)	erictric, Center	120 USUAL OCCUPATION OF OF WORKERS MOST OF WORKERS MOST OF	MORINGIAGE INDIGNAL	TYPUMFG.ORCO
ithin 24 hour	130.	ATHER'S NAME	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13c. CATY OR TOWN	13d. INSIDE CITY LIMITS? YES NO [4133880	theighte Rd.	#21215
MAR Jond	X	MXXXX HERSHEL VAS DECEASED EVER IN U.S. ARME	SMUCKLER	XXXXXXX ROS	WEDLE	UNKNO	OWN
e be execution and control of con	1	VES NO OR LANDOWN) (IF YES, GIVE W		4133 CRESTHI		BALTO., MD	21215
RDS, 201 W. PRESTON ST., BAI equires that the death certificate is signed by the attending physic Then please remaye carbanpape to burial, cremation, or remayal, njury, or ather traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	1016171711	F	NAL DISEASE OR COND	±	1 yr.
AL RECORDS, the law required to be law required to be seen significant. There were the perior to be leaved to be soon to be soon to be seen significant.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES YES	
DIVISION OF VITAL R. ENDING PHYSICIAN: The Idea of an attending physician. NR. After this certificate has use as the burial-transit per Health and Mental Hygiene is marked at them 18 shows		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YE P.M.	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18. PART 1 OR PART 2)	
DIVISION OF DING PHYSICIA or attending pl After this certif is as the burial-t alth and Mental marked ar them	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
of for the state of the state o		220.1 certify that of (this haspital) sow the deceased alive on above, (we) (did) (did)	4/78 1981	and that in the (our) opinion de	e to 4/2/	e and hour and from the	
0 2 0 20 =		226. SIGNATURE COMPANY SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR PR		DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF	22c. DAJE	54/8/
TO HOSPITAL TO FUNERAL should be det with the Store	00	ESTRELITA	O. Ku	LEVINYALE H	EFREN GE	+ HOSPITI	SWIGHT AL
723/BP		(SPECIFY) BURIAL	4/30/81 FORI		ROSEDATE	BALTO'.	MDATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	6010 REISTERSTOW	VINSON & BROS., IN N RD. BALTO., MI		6 1981	b, registrar's signat	Cherry



Sirie boat to phended in the first of the second of the se

The state of the s M.S. Sherings



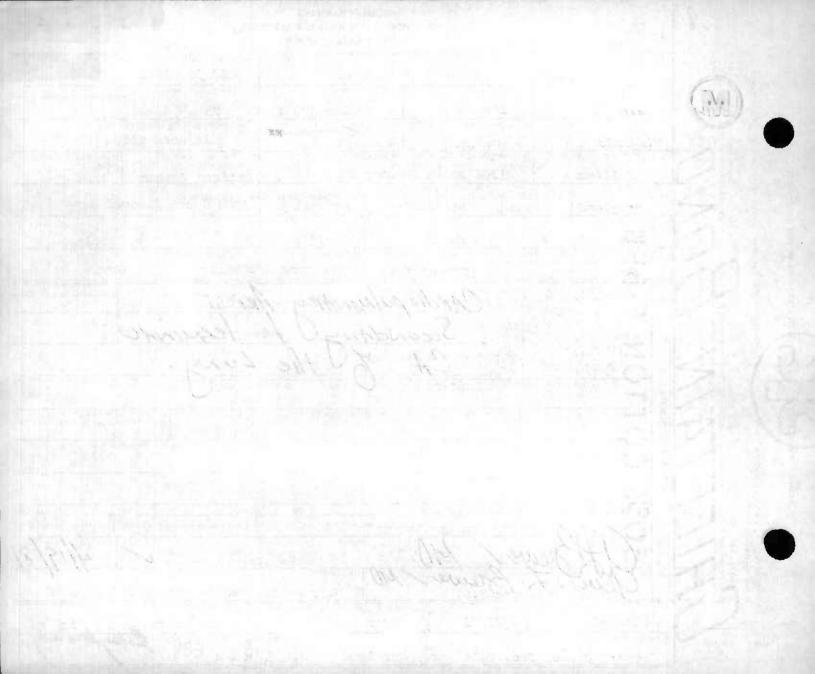
nth and the other than the state of the meeting appropriate to the first of the contract of the contra The state of the s the state of any alterial whole 1927 and income, unless an

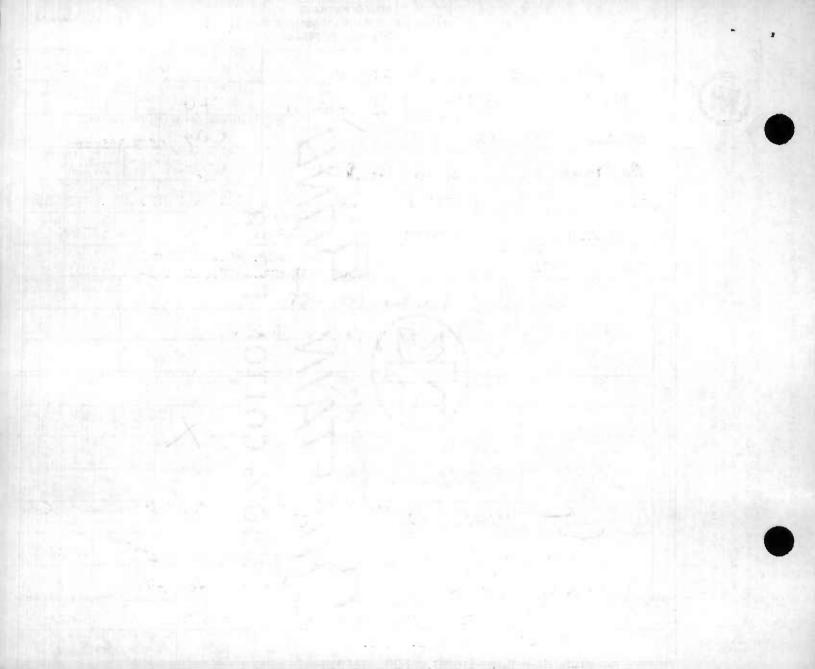
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

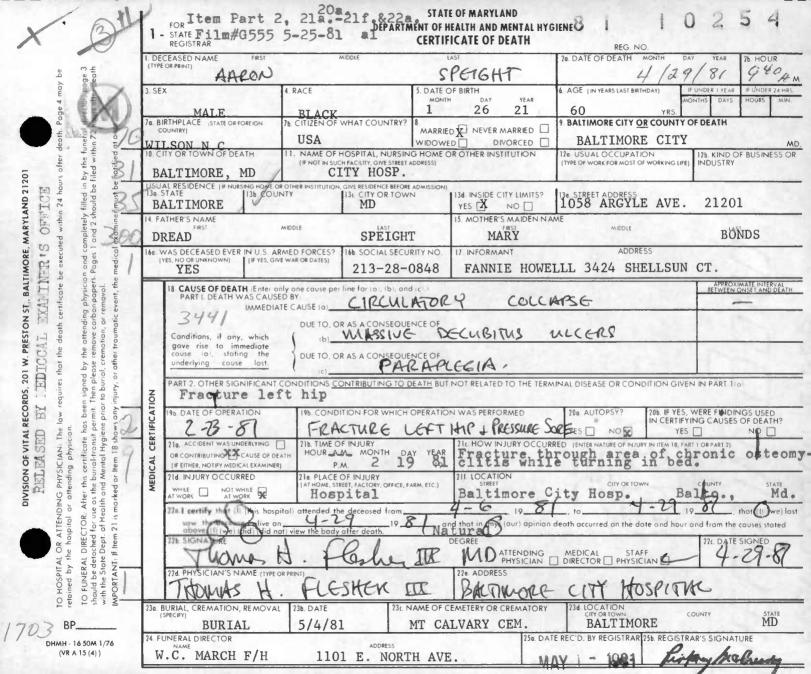
1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST	N	AIDDLE		LAST	20. DATE OF DEATH		YEAR 26 HOL	JR
(TYP	E OR PRINT)	Ashbu	Н	omer	Sout	thers	April 19,	1981		A
3. SE	X	1	I. RACE		5. DATE		6. AGE (IN YEARS LAST B			_
	Male		White		Sept	ember 14, 19	905 75	YRS.	DATS HOURS	MIN.
7a. B	IRTHPLACE (STATE OR	OREIGN 7	& CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY		ATH	
	irginia	100	U.S.	.A.	WIDOWI		Do / + 1 m	ore City		ME
	ITY OR TOWN OF DEA	ATH I	1. NAME OF H		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA		KIND OF BUSINI	
	Baltimor	e		South Ha		r St	Retired S		USTRY	
	AL RESIDENCE IF NURS	136 COUNT		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS				-
, , ,	Maryland	130 00014	73 -31	Baltimon		YES X NO	1304 Sout	h Hanover	St	
14. F	ATHER'S NAME		IDD1E	LAST	U N	15. MOTHER'S MAIDEN	NAME			
	John	T		outhers		Nellie	4)OOM	Наз	tless	
	WAS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI			
	YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	230-03-1	445	Mrs Dora	Southers	Sam	е	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	ane couse ner	for (a) (by na	die))		1		APPROXIMATE INTEL	RVAL
CERTIFICATION	PART 2. OTHER SIGN					ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USE AUSES OF DEA	TH?
KT	21g. ACCIDENT WAS UND	EBINAIC C	21b. TIME OF	E INTUINE		21. HOW IN 111PY OCC	YES NO	YES [NO [
	OR CONTRIBUTING			M. MONTH DA	AY YEAR	THE HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR	PARI 2)	
WEDICAL	(IF EITHER NOTIFY MEDIC		P.A		19	211 LOCATION				_
ME	WHILE NOT WE			EET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR T	own co	YIMU	STATE
	22a.l certify that (1)	this hospite) and alive on_	ol) attended the	deceased fram_		, 19	, to		, that (I) (
	phone (I) we co	did not	view the body	after death.			on death accurred on the			uted
	22b. SIGNATURE	new	ver/	40.		DEGREE ATTENDING PHYSICIAN		AFF	4/19	18
	22d Cleur	ジズ	PRINT)	ewer	MO	220. ADDRESS	lic Health Ho	osn Baltin	ore. Md	
23a.	P BIVI	n B B	ewer M.	. D .		U.D. FUDI	TTO MOUTHER ME	700	OTC, 130	
4	BURIAL, CREMATION,		23b. DATE		NAME OF C	CEMETERY OR CREMATOR	23d. LOCATION		0 11 90	
	BURIAL, CREMATION,			23c. N				tou	0 11 90	STATE
-	Burial UNERAL DIRECTOR		23b. DATE	23c. N		EMETERY OR CREMATOR	23d. LOCATION	ista tou		STATE
24. F	Burial	REMOVAL	23b. DATE 4/22/8	23t. N	Green	CEMETERY OR CREMATOR 1 Hill 250. C	23d. LOCATION CITY OR TOWN Buena V.	ista tou	Virgi	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

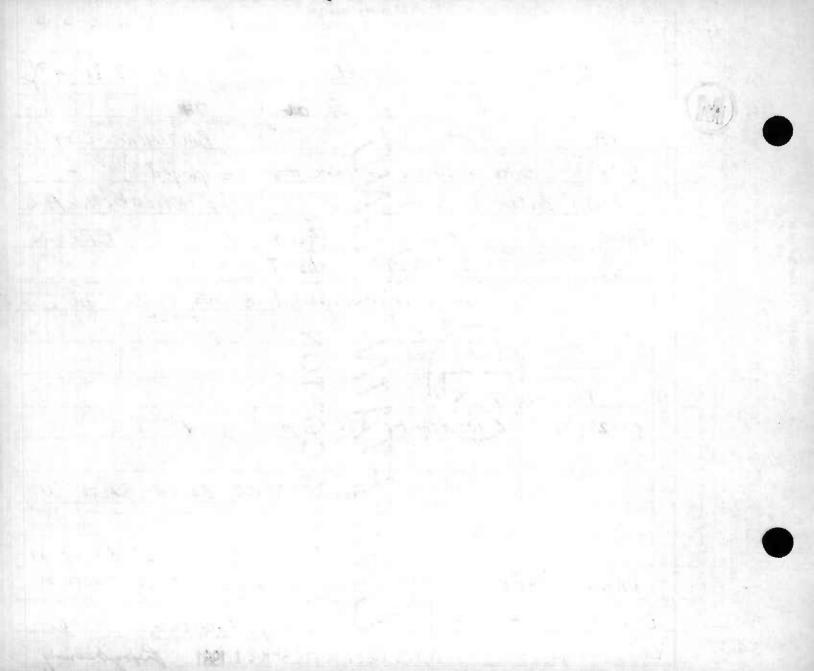
FOR







Sy am market with market arts of the treatment of the contract constitution of the property of the state of AND THE THE PERSON OF THE PERS

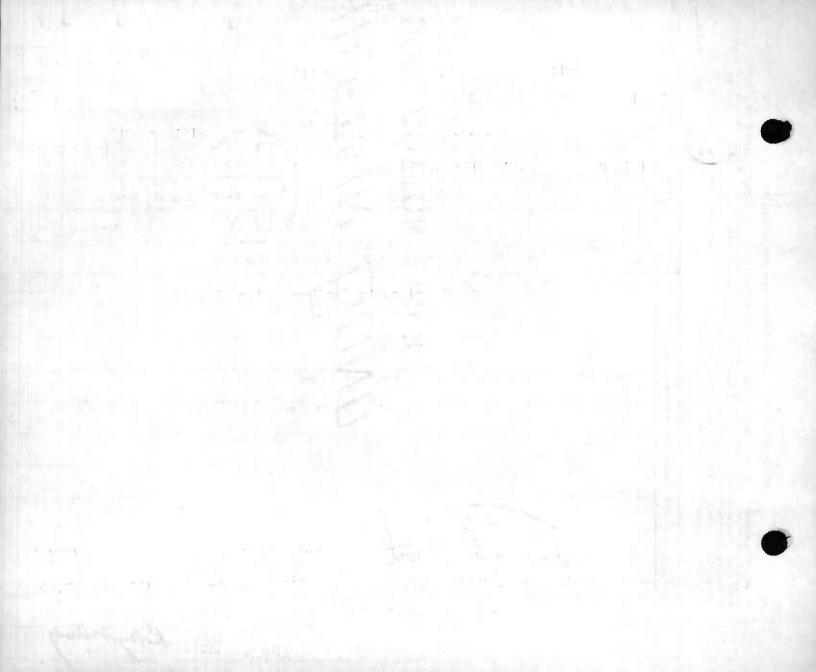


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS ocetta 3. SEX AGE (IN YEARSILAST BIRTHDAY) IF UNDER I YEAR HOURS Female White 6 TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE GITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED Kaltimore WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR ITYME OF WORK FOR MOSE OF WORKING LIFE! INDUSTRY allimino Saltinus Sales Clerk USUAL RESIDENCE (IF NURSING HONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? YESV NO Mure 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDOLE LAST FIRS1 of (Chies Peter McCaffrey Gessner Fila ADDRESS Glen Burnie, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 220 09 4228 Charles Spinks 108 6th Ave N.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY ARREST IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF LEFT VENTRICULAR ANEURYSM Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO. OR AS A CONSEQUENCE OF underlying cause SEVERE CORONARY ATHEROSCHLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY morked or CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 4/19 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death Rem 22b. SIGNATUR DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS MPORT 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 4/22/81 Baltimore, Maryland New Cathedral Cemetery 250. DATE REC'D. BY REGISTRAR THE COLUMN 24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto 21225 APR 22

DHMH-16 30M 2/80 (VRA 15, 4)

Total In Heater South Company

11	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 2 5 7									1
	REGISTRAR		ME		MINER'S	CERTIFICATE	OF DEAT	Н	REG. NO			
	DECEASED NAME	Julia		MIDDLE		Spruill	.20	OF E	STI- X	MONTH	23 ₁₉ 81	2b. HOUR
3. S	emale	4. RACE White	DATE OF BIRTH	897 6. AGI		NDER I YR. IF UNDE	MIN. PR	DATE ONOUNCE DEAD	D	мойтн	DAY YEAR 231981	7.38 A.A
\$ 70.	BIRTHPLACE (S) FORFIGN COUNTRY) Marylan	TATE OR	76. CITIZEN OF W		8. MARI WIDO	HED NEVER MAR	RIED	Baltimor Balti	_	_	Y OF DEATH	MI
10.	Baltimor		LIE NOT IN SUCH EA	SPITAL, NURSING SCILITY, GIVE STREET AD STODE AVE	DRESSI	HER INSTITUTION	12e USUA FOR MO: HOU	L OCCUPAT ST OF WORKING SEWITE	ION (TYPE	OF WORK	OR INDUST	JSINESS
USI 130 Ma	UAL RESIDENCE STATE aryland	(IF IN NURSING HOME O	ROTHER INSTITUTION, GI	13, CITY OR TO Baltime	ADMISSIONI	13d. INSIDE CITY LIMITS? YES MO	13e. STREE	TADDRESS 6 EISI	rode	Ave		
14.	FATHER'S NAME		MIDDLE	arrigan		15. MOTHER'S MAIL LOUISA	DEN NAME	MIDDL	ε	Sar	nzoni	
160.	WAS DECEASED (YES_NO. OR UNKNO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SE 212-74	Henry P	Spruil		ADDRESS	Same			
2	gave ris cause (a) lying cau		(b)	AS A CONSEQUE AS A CONSEQUE RUT NOT RELATED TO T	ENCE OF	SE OR COMOITION GIVEN IN I	PART 1 (a)					
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	VAS PERFORMED?					20. AUTOPSY	? NO [X
AL CERT	21a EXTERNA UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		MONTH DAY	YEAR 21c. H	OW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY	IN ITEM 18 P	ART I OR PAR		NO LZ
MEDICAL	21d. INJURY C WHILE AT WORK	- NOT WOULE -	21e PLACE (STREET, FAC	OF INJURY (AT HOTORY, FARM, ETC.)		CATION STREET		CITY OR TOWN		COU	YTAI	STATE
	270. I certify that I took charge at the Temporal described above, held an Autapsy Inspection, Inquiry, and in my april death resulted from									1/23/	81	
4	EXAMINER'S (TYPE OR PRIN	VT)THOING		th, M.D.		ADDRESS 111 F	Penn St	reet,		imor	e, MD.2	1201
230	BURIAL, CREMA (SPECIFY) Burial	TION, REMOVAL 2	3b. DATE 4/25/81			OR CREMATORY em Park	23d. LOC.	ation town timor e	a. Ma	rii Tai	nd si	TATE
	FUNERAL DIREC						E REC'D. BY RI					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) MALLIAM oge 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 PRS MONTH YEAR DAYS HOURS WW 1-1905 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND S. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYRE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ALTO OSPITAL USICAN MUSIC PRESTON ST., BALTIMORE, MARYLAND 21201 ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE IN COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P MONTFORD AVE. aM ALTO, 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST NACOB UNTZHIEMER BITTO In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS. 165 SOCIAL SECURITY NO INFORMANI (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-05-4834 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate couse (o), stating the ZIM DATIUM DIVISION OF VITAL RECORDS, 201 W. underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NA6 0 prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per burial-transit p YES [YES | NO N NO sho 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 715 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION or 21d INJURY OCCURRED 21e PLACE OF INJURY the t (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK Health o 22a.1 certify that the (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 40 above, (1) (auc) (did) (did not) view the body after death. TO FUNERAL DIRECT should be detoched fixed with the State Dept. 226. SICHATUR DEGREE DATE SIGNED MO ATTENDING MEDICAL STAFE + PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS SHINGSIN TO TOSTO LIATINGUN FILL 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) 4 BURIAL OAK LAWN CEM MD ALTO . BP 250. DATE REC'D. BY REGISTRAR 256. REC TRAR'S SIG ATUS 1. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

73 12 86 # 341672 move 14 NAME OF THE PARTY OF THE PARTY CO. P. S. P STUTE HESPITAL MUSICAN MUSICAN Suff and struck units to the bode of the service ADMAINSTINUA SITTOJ SUNATE 9:00AL The man is 110 - Line Line Dept 4004-20 050 1 - 11 0M SUMPLE B. B. B. CHIEL COM CENTRUS The martin 1981 CD Again the the martine of PEER = wallet market

			STATE OF MARYLAND		1 13 11 6 0
1.		DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	12.00	10253
LDE		MODIE	LAST		
TYP	OR BOILT	11 .		24 DAIL OF DEATH	4
	Gamoi	rill C.	Staley		4 4 1981 8 A
3. SE	х	4 RACE	5 DATE OF BIRTH	& AGE IN YEARS LAST BIR	THDAY) # UNDER I YEAR # UNDER 24 H
	male	White	MONTH DAY YEAR	74	MONTHS DAYS HOURS ME
				/0	YRS
		TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH
1	Md.	USA			Citu
10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			ION / 126 KIND OF BUSINESS
	Ball				
1	A			100000000000000000000000000000000000000	
13a	AL RESIDENCE HENURSING HOMEOR STATE 113 OLD		ORE ADMISSION)	2 112 STREET ADDRESS	809 Fredziek Ave
	m	50 HO Balt		Co	tonsuille med 21228
TA E	1000	The Louis			TOTSVITTE PRO CICCO
-	FIRST // A		/ Fjest	MIDDLE	, JAST
V	ames Henry	Gambrill Dy	raley Flore	nce	Hughes
			URITY NO. 17 INFORMANT	ADDR	ESS
	1.4	WAR OR DATES) 577_11	-9579		
		U//-/a	19//1		
	18 CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), (and icui		BETWEEN ONSET AND DEA
					Decedor
17.7	4116				
	7001	DUE TO, OR AS A CONSEO	UENCE OF		42-44-
	gave rise to immediate	(b)	White V de		1
	cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
	underlying cause last	(6)			SECURITY AND DESCRIPTION OF THE PERSON OF TH
7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE 1	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
Į.	IA. DATE OF ORERATION	Line COMPUTION FOR WING	OBCRATION WAS BEREORUSE	Inn. AUTORCY2	THE US VES INVENE SHIPPINGS HOSE
2	146 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	206 AUTOPST?	1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E	0.000			YES NO	YES NO
1 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
			DAY YEAR		
Ö		P.M.	19		
AB				CITY OR TO	WN COUNTY STATE
-	AT WORK AT WORK				
	220 I certify that (I) (this hospit	al) attended the deceased from	3-1 198	C	19 8 / that (I) (we)
		4-4 10	12 1		
	obove, (I) (we) (did) (did not) view the bady after death.		The contract of the co	
	776. SIGNATURE	1		- Armen	224 DATE SIGNED
	Carlo	717	ATTENDIN PHYSICIA:	N DIRECTOR PHYSI	FF LIAN []
1	224 PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS		
	LA.Kah	1 1 1 h	1 21 1	. 110	2228 8
	Luca Mos m	MAN, My.	10 Stoneh	enge lifter	111111111111111111111111111111111111111
23a [BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 234 LOCATION	
(Removal	4/4/81	1/	CITY OR TOWN	COUNTY
24 E	INFRAL DIRECTOR	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	1250	DATE REC'D BY REGISTRAD	25h. REGISTRAR'S SIGNATURE
	NAME	ADDRESS	12	DR 1 1 1001	history Machendi
A	natomy Board	Balto	Md.	1001 0 7 11 11	777
	3. SE 3. SE 10 C 110 C 1	I. DECEASED NAME INTERPRETATION 3. SEX Jet BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH BOLL TO BEST TOWN OF DEATH USUAL RESIDENCE (IF NURSING OF OR 136 STATE 138 COUNTRY) 14. FATHER'S NAME FIRST TOM ES 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE (IF YES, ONE COUNTRY) (IF YES, ONE COUNTRY) 19. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE (IMMEDIATE COUNTRY) (IF YES, ONE COUNTRIBUTING COUSE (IO), STOTING THE UNDERLYING COUSE (IO) STOTING THE UNDERLYING COUSE (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUNTRY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I CERTIFY THAT (I) (this hospit saw the deceased olive an Obove, (I) (we) (drd d) and not control to the country of the	TO STATE REGISTRAR I. DECEASED NAME FRIST MODIE ITHE OF MENT) 3. SEX 4. RACE WHAT I. DECEASED SAME JAB. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) U.S. A. TO COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS FRONT SUCH FACILITY, GIVE STREET 138. COUNTRY) 119. STATE 119. STATE 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURS FRONT SUCH FACILITY, GIVE STREET 1138. CITY OR TOWN 119. STATE 119. STATE 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURS FRONT SUCH FACILITY, GIVE STREET 110. CITY OR TOWN 111. NAME OF HOSPITAL, NURS FRONT SUCH FACILITY, GIVE STREET 111. NAME OF HOSPITAL, NURS FRONT SUCH FACILITY OR STREET 1138. CUTY OR TOWN 119. CITY OR TOWN 119. COUNTRY 110. CITY OR TOWN 110. CITY OR TOWN 1110. CITY OR TOWN 1111. NAME OF HOSPITAL, NURS 1121. NAME (TOWN 1122. CITY OR TOWN 1138. CITY OR TOWN 119. COUNTRY 119. COUNTRY 119. COUNTRY 119. COUNTRY 119. CONDITION FOR WHICE 119. COUNTRY 119. COUNTRY 119. COUNTRY 119. CONDITION FOR WHICE 119. COUNTRY 119	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH I. DECEASED NAME ITTY COMMIN) J. SEX ARACE J. STATE OF BRITH ADDIT J. SEX ARACE J. STATE OF BRITH ADDIT J. SEX ARACE J. STATE OF BRITH ADDIT J. SEX J. SEX ARACE J. STATE OF BRITH ADDIT J. SEX J	FOR STATE

ariagateacoli sel gapan fig IBVAA Iavored Anabony Board Relto. Md.

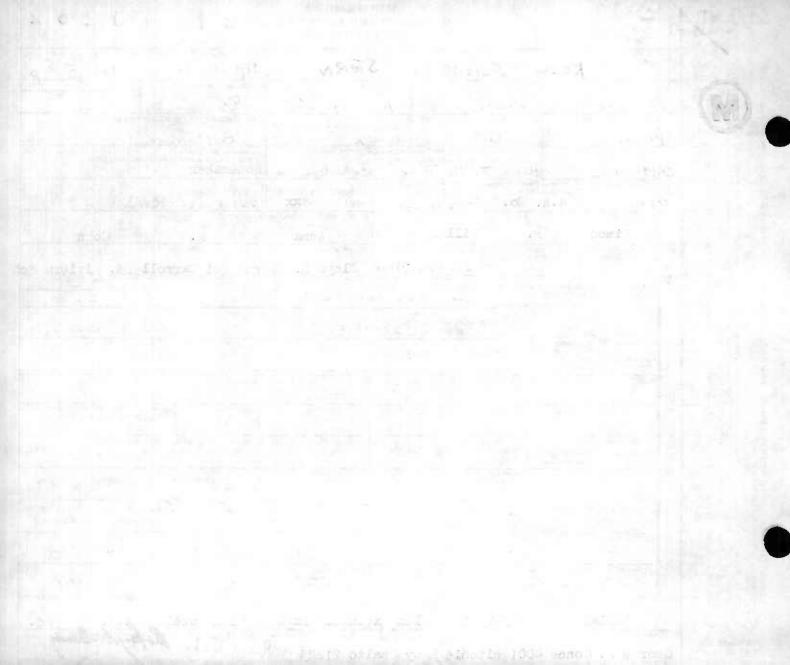
RTHPLACE ISTATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH BALTIMORE AL RESIDENCE IF NURSING HOME OR ITALE ITHER'S NAME FIRST VAS DECEASED EVER IN U.S. ARRY VES. NO OR UNKNOWN) IN YES, GIVE ITHER'S NAME FIRST VAS DECEASED FUER IN U.S. ARRY VES. NO OR UNKNOWN) IN YES, GIVE CONDITION CONDIT	The CITIZEN OF WHAT COUNTRY? LI, S, 11. NAME OF HOSPITAL, NURSING UNTUNH MARKET ALL OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY BALTO OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY OTHER INSTITUTION, GIVE RESIDENCE B ITY OTHER	DMISSION) 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N. FIRST ITY NO. 17 INFORMANT 1919 SCN 1910	6. AGE (INYEARS LAST BIRTHDAY) YRS. 9. BALTIMORE CITY OR COUNT BATTIMORE CIT 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LETTER) 130. STREET ADDRESS 3638 MALD	126. KIND OF BUSINESS INDUSTRY
IRTHPLACE STATE OR FOREIGN COUNTRY) PART I. DEATH WAS CAUSE IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), storing the	The CITIZEN OF WHAT COUNTRY? LI, S, 11. NAME OF HOSPITAL, NURSING UNTUNH MARKET ALL OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY BALTO OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY OTHER INSTITUTION, GIVE RESIDENCE B ITY OTHER	MARRIED NEVER MARRIED DAY YEAR MARRIED NEVER MARRIED DWORCED HOME OR OTHER INSTITUTION DMISSION) 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN N. FIRST 17 NO. 17 INFORMANT 199 Caucle	9. BALTIMORE CITY OR COUNT BATTIMORE CITY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L 130. STREET ADDRESS 3638 MALD AME	Y OF DEATH TY 12b. KIND OF BUSINESS INDUSTRY LAST
AL RESIDENCE IF NURSING HOME OR STATE 13b. COUN ITY OR TOWN OF DEATH 13b. COUN ITY OR TOWN OF DEATH 13b. COUN VAS DECEASED EVER IN U.S. ARA VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) IF YES, GIVE IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), storing the	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A LITY PAGE OF HOSPITAL, NURSING OTHER INSTITUTION, GIVE RESIDENCE BEFORE A LITY 13c. CITY OR TOWN BALTO WED FORCES? 16b. SOCIAL SECUR 171-01-0 DY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b)	DNORCED HOME OR OTHER INSTITUTION DMISSION 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N FIRST 17 INFORMANT 19 36 N (11) Cauce	BATTIMORE CT	IZE. KIND OF BUSINESS INDUSTRY LAST
AL RESIDENCE IF NURSING HOME ORISTATE 13b. COUN 13b. COUNT 15b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALTY OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALTY IT IT IS. CITY OR TOWN IT IS. CITY OR TO	DMISSION) 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N. FIRST 17 INFORMANT 1919 Cauce	13e. STREET ADDRESS 3638 MALD AME	INDUSTRY LAST
VAS DECEASED EVER IN U.S. ARR (ES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (o), storing the	MED FORCES? 16b SOCIAL SECUR E WAR OR DATES) Ly one couse per line for (a), (b), and D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b)	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N. FIRST 17 NO. 17 INFORMANT 19 36 N 19 Cauce	3638 MALD	LAST
VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), stoting the	MED FORCES? [16b SOCIAL SECUR WAR OR DATES] 1/71-0/-6 1/9 one couse per line for (a), (b), ond D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b)	ITY NO. 17 INFORMANT HIGH SCN 1913 Cancer	DOLE	
18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION OF THE CONTROL OF THE CONTROL OF THE COURSE OF T	by one couse per line for (a), (b), and DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b)	Tung cancer	ADDRESS	APPROXIMATE INTERVAL BETWEEN DISET AND DEA
18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), storing the	y one couse per line for (a), (b), and D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b)	Tung cancer		APPROXIMATE INTERVA BETWEEN ONSET AND DE
PART 2 OTHER SIGNIFICANT C		ATH BUT NOT RELATED TO THE TER	200. AUTOPSY? 20b. IF YE	VEN IN PART 1(a)
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	YES NO Y	ES NO
	P.M. 21e PLACE OF INJURY	19 211. LOCATION	CITY OR TOWN	COUNTY STAT
sow the deceased alive on.	1/12 19 8	1 19 F 1 , and that in (my) (our) opinion	n death occurred on the date and ha	ur and from the couses stated
22b. SIGNATURE	unul ,		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
1 1 10			Meurial t	1021
BURIAL, CREMATION, REMOVAL	1/1/01		CITY OR TOWN	P. MID. STATE
5	21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a Leerlify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME TYPE OF THE CONTRIBUTION OF THE CONTRI	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET AT WORK AT WOR	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF ETHER NOTBY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 21l. LOCATION STREET CITY OR TOWN 22a 1 certify this hospital) oftended the deceased from sow the deceased olive on obove, (I) (we) (did) (did not) view the body office death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECT

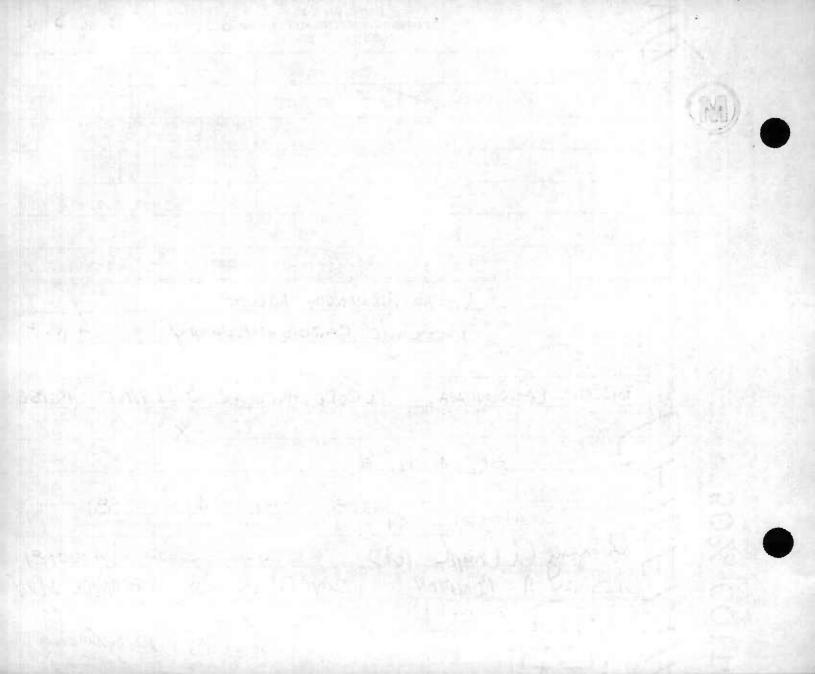
ARTIN & CITY

UVICV . Is to K. I. J. S. I. V.

BALTI DE

1388 854





120		FOR STATE			DEPARTMENT OF		MENTAL H	0 1	i	0	2 6	4
	I. DE	REGISTRAR CEASED NAME PE OR PRINT)	FIRST	ME	MIDDLE	ER'S CERTIFI	CATEO	20. DATE	REG. NO	_	DAY YEAR	26 HOUR
988	3. SEX		CHARI	ES Od		STIDHAM	Torrespond		MATED	4-4-	1981	M
		1000	hite	Aug. 29	YEAR LAST BIRTHDA	Y) MONTHS DAYS	HOURS 1	MIN. PRONOUN DEAD	NCED	4-4-	1981	2 4945 p M
72 00 35	7a. BI	RTHPLACE (STATE	ina 7		/HAT COUNTRY?	MARRIED N	EVER MARRIE	ED 📙	ORECITY O			140
0	F	ITY OR TOWN OF Baltimore		101 W.	SPITAL, NURSING HOME ACLATY, GIVE STREET ADDRESS) Fayette Stree	or other instituet Rm. 19	UTION	Account	PATION /TYPE		OR INDUST	ISINESS RY broker
5	13a. S	AL RESIDENCE (IF II	A NURSING HOME OR O		GIVE RESIDENCE BEFORE ADMISSION ATTOOLO		CITY L'IMITS?	136. STREET ADDRE	ss Pl			
		arvin Ode	ell Stid	MODIE	LAST		TICO	B. Beas	ley		LAST	
	16a. V (Yi	VAS DECEASED EV	F YES GIV A	D FORCES? AR OR DATES)	251-64-22			STIDHAM	ADDRESS Same a	s 13	a-e	
BATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	PART I DEATH Godificans, gave rise cause (a) sta lying cause I	IMMEDIATE if any, which to immediate ting the under- ast.	OAUSE (a)	e for (a), (b), and (c).) Multiple sta R AS A CONSEQUENCE C	DF			eck		BETWEEN ONSE	T AND DEATH
7	CERTIFICATION	19a DATE OF OP	ERATION	196 COND	ITION FOR WHICH OPER.	ATION WAS PERFO	RMED?				20 AUTOPSY	
3	MEDICAL CERTI	210 EXTERNAL C UNDERLYING CONTRIBUTING 216 INJURY OCC	CAUSE OF DE	ATH ? P./	M. MONTH DAY YEAR M. 4-4- 1981			D (ENTER NATURE OF IN)	JURY IN ITEM 18 P	ART 1 OR PART 2	XXX3Y	NO []
	MEC	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 101 W. Fayette St. Baltimore, M.									Maryland STATE	
2			ram: Natural		One Your	OO, TITLE (Undetermined mo	anner .	d in my apine		
	15	URIAL, CREMATIO	N PEMOVAL 23h	DATE	23c NAME OF CEA		TORY.	1431 100 110				
	1	HISTORY C				In Cremai		23d. LOCATION CITY OR TOWN Brentw	ood Ma	COUNTY	S	TATE

ACCIONAL .

onic and the state of the state x 63 molson Fl.

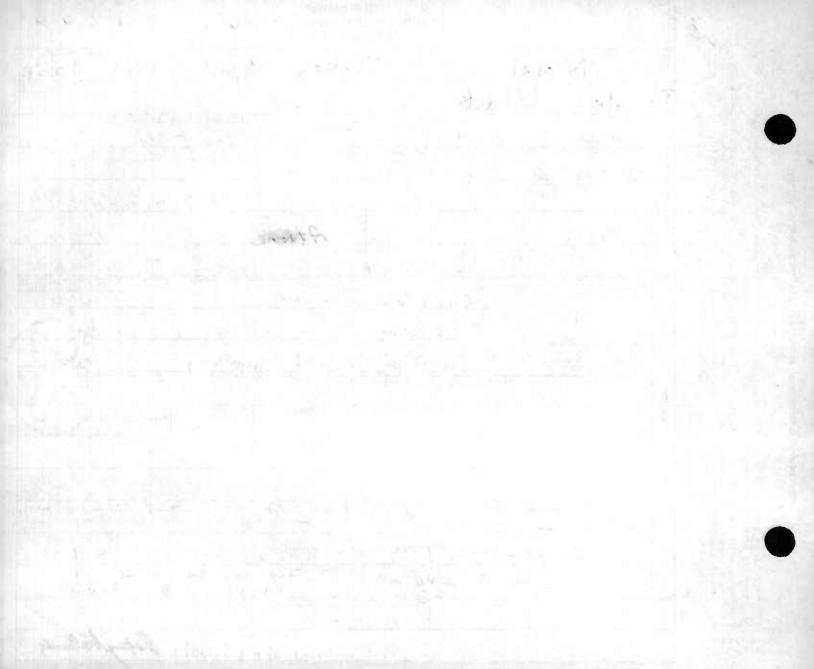
bforca. .co .a.a .ba my construction of the second Mileson H, Eggslev do n/a E3-4-2274 Martha S. Starley sure as 13 a-a

Sandy A. complaint the carety of the last and the

sector of the se

towers in the All and Design

Luxial re riion - - 11 Pt. Lincoln Urenthery one distance, it from Size one farent inc



Poge 4 moy be

requires that the death certificate be executed within 24 hours after

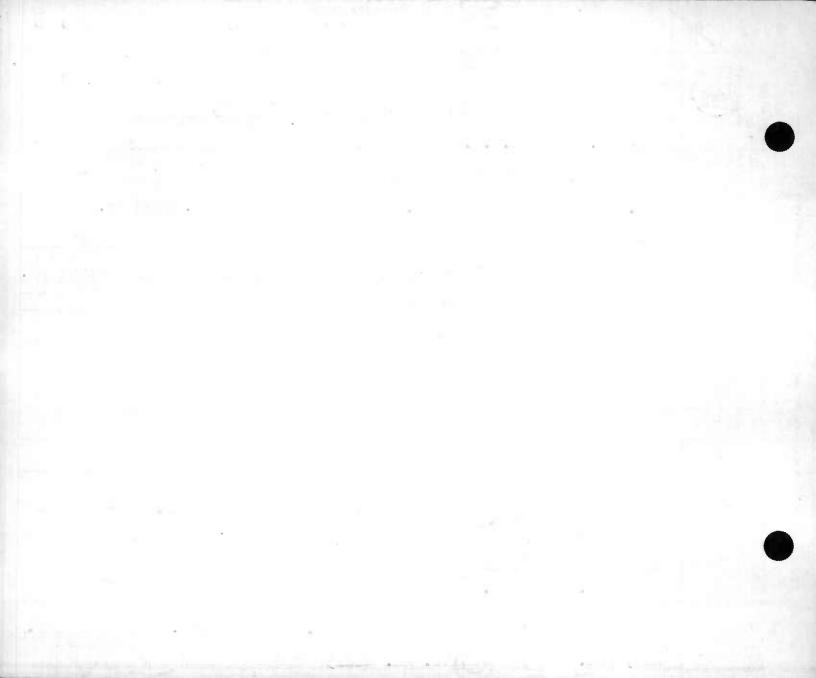
ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the hospital or attending physician

A	1 - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE &	REG. N	10.	0 2	6 6
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	м	IODLE		AŠT	2e DATE	OF DEATH	MONTH D	AY YEAR	2b. HOUR
1		Anna	A A	rline	S	tout	A	pril	17, 1	981	5:35
i H	3 SEX		4 RACE		5. DATE C		& AGE II	N YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
シー	Female		Cauca	sian	Ju			73	YRS.	ONINS DATS	MOURS MIN
20/	Pa. BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIA	AORE CITY O	OR COUNTY	OF DEATH	
	Penna		U.S.	Α.	WIDOWI			ltimo	re C	itv	٨
1	Baltim		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET i Hospi	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF W	ONEMA	ION OF WORKING LIFE	12h KIND C	F BUSINESS C
30	USUAL RESIDENCE (IF N 130 STATE Md.		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 134 CITY OR TOW	E ADMISSION)	134 INSIDE CITY LIMITS	5? 13e STREI	ET ADDRESS	33rd	St.	
9	14 FATHER'S NAME			Darte	•	15 MOTHER'S MAIDEN		2 11.	با در ر	_ 50.	
200	Claren		MIDDLE	Colt	on	Emma		MIDOLE	la e	K7	ine
	160 WAS DECEASED EV	ER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		ADDR		17.1	T11C
medico	IYES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-03-	3083	D Robert	Stout	(son)	6033	Lano	tto Pa
E	IL CAUSE OF DE	ATM (Enter an		ine for (a), (b), an						APPROX	MATE INTERVAL ONSET AND DEAT
njury, or o	PART 2 OTHER S	use last IGNIFICANT C	ONDITIONS CO	NTRIBUTING TO (DEATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CON	IDITION GIVE	N IN PART 10	01
9	UPD. DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL	TOPSY?	IN CERTIFY	WERE FINDING CAUSES	
a	210. ACCIDENT WAS		T10100 A.1	INJURY A. MONTH DA	AV YEAR	21c HOW INJURY OCC	CURRED (ENTER	NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
E	OR CONTRIBUTING [IF EITHER, NOTIFY ME 21d INJURY OCC		P.A		19						
LXed of	₹ WHILE □ NO	URRED T WHILE	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
S .	220.1 certify that		1 00	deceosed from_	2	Jan 19.	ei to	17 1	Spr. V	9_81_	that (I) (ye) la
5	sow the dece obove, (I) (wa	osed olive on	t) view the body of	ofter death.	81	nd that in (my) (cov.) opin	nion death occu	rred on the d	ate and hour	and from the	causes stated
E HE	22b. SIGNATURE		R			DEGREE ATTENDINI PHYSICIA		AL STA		22c. DATE	SIGNED
2	22d. PHYSICIAN'S					22e ADDRESS					
A L	D:	r. Art	thur M.	Lebson	1	No	rth Ch	arles	Gene	ral	
<u> </u>	23a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23←1	NAME OF C	EMETERY OR CREMATO	RY 23d. LO	CATION		COUNTY	STATE
.	(SPECIFY)							Y OR TOWN			
	Buris	a 7	1/20/	'AT M	mala	nd Mem D				COUNTY	
	Buria 24 EUNER SI ARRECTOR		14/20/			T 2 m 0 25a.	ark DATE REÇ'D. B	Balto Y REGISTRAR		-	Md
/78	Buri "Schimune Hme. In	k Fune	eral	81 Mo 333 Juliess Br Balto	ehms	Lane 250	ark DATE REÇ'D. B	Balto		-	Md

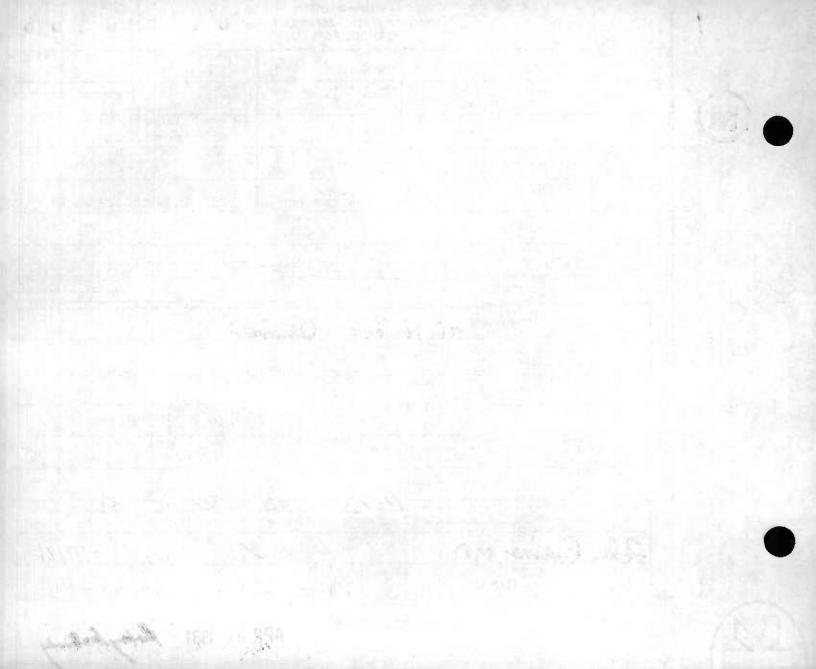
BP. DHMH-16 20M (VRA 15, 4) 7/78



4	1.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	10267
	(TYPE	ORPRINT) PRISON		STOWER TOWER		THE GOLD ST. 20 AM
	3. SE	FEMALE	Coucación 5. DATE	OF BIRTH DAY SI OO	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
175		COUNTRY) PA	C. A. WIDOW	ED NEVER MARRIED DIVORCED	Baltimore city co	
16	10 0	PALTIMORE 1	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE SPEET ADDRESS)		12a USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF V Homemaker	
25	13a. S	AL RESIDENCE (IF NURSING HOME OR O'STATE	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION: 13 CATTY OR TOWN Baltimore	13d Inside City Limits? Yes NO 🗌	136. STREET ADDRESS	DI ST
3:00	14. FA	THER'S NAME JOHN MI	Knommes	15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	seet MIDES	
medicol		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE N		Robert G. S		Balto. Md. 21237 hiladelphia Rd.
to buriol, cremation, or removal. injury, or other troumotic event, th	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	W F XF I MARIC		INAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH. TION GIVEN IN PART 1(0)
ows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
tental Hygier frem 18 shov		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH {IF EITHER, NOTIFY MEDICAL EXAMINER}	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR		
morkedor	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
state Dept, of He		220.1 certify that (I) (this haspitol saw the deceased alive on abave, (I) (we) (did) (did nat). 22b. SIGNATURE, 22d. PHYS/CIAN'S NAME (1YPE OR P	Ollun	. 17	, to APAM death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	e and hour and from the couses stated 222. DATE SIGNED 3001 HANNERS
MATTER STORE	23n F	HECTORIURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	T.GEN HA	b. Boxe MD
-		Burial JNERAL DIRECTOR	1 /- /-	aven Mem Pk	Glen Burn:	COUNTY STATE Md.
2/80			001 Ritchie Hgwy Bal	Lto 21225 APR		the pay believely

Service Transferred The second secon Bellevine Com Esternan Chap mane Banks - - Markey - Markey Wyl-Brown of reduce The state of the s

Wm. C. March F/H 1101 E. North Ave.



2	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										1 0	2	5	9		
EASE SURE SURE SURE SURE SURE SURE SURE SU		CEASED NAME E OR PRINT)	Matth Macket		N.	6. AGE (IN YE	Stut	ZMan NDER 1 YR.	IF UNDER	24 HRS.	20. DATE 1 OF DEATH	ESTI-	X MONTH	24	YEAR 1981 YEAR	26. HOUR M
9 A A A		ale	White	Nov. 30	,1980	LAST BIRTHD	MON (Y)	DAYS 24	Hours		PRONOUN DEAD	CED	4	24	1981	164:350 A.M
TO DELAY IS NECESSARY POLICE TO THE FUNERAL DIRECTOR OF SECULAR TO THE POLICE OF THE P	FC	RTHPLACE (STIREIGN COUNTRY) Manylan	nd	7b. CITIZEN OF V	USA		WIDOV	VED NE	DIVORC	ED 🗆	Balt	imore	OR COUNT			MD.
ZEOES S		TY OR YOWN O	re /	Johns Ho	pkins	Hospi	tal	HER INSTITU	TION		AOST OF WORK	ING LIFE) A J	ot App	or industry		
SCECETA AN STA	130. S	ruland	THINCOUNT	Arundel		OR JOWN	ON)	13d. INSIDE C			ADDRE	a Dri	ive		21	122
DEATH IF	1	yle NAME		Mª IDDIE		Stutz		7	ars maide	ne		oge.		Schwink		
BALTIMORE, S AFTER DEA GIVE PAGES TITH FORM PI PAGES 1 ANI	160. V	VAS DECEASED ES, NO, OR UNKNOV NO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	214.	-96-037	7 7	Mr. L	Lyle 1	M. Sa	tutzma	Pasac n 800	Zena ul	a Di	rive	122
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 25 BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	798 Condition gove ris cause (o) lying caus	s, if ony, which e to immediate stating the <u>under-</u>	(b)	R AS A CON	n Infall NSEQUENCE (NSEQUENCE (NSEQUENCE (OF OF									
SHOULD SHOULD SHOULD SHOULD SHOULD STORE WEEL WEEL A CHIEF AN FURED A UVRIAL, C	CERTIFICATION	190 DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATIONV	/AS PERFOR	MED?						UTOPSY?	NO 🗆
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF E 3 SHOULD BE USE FOR SHOWID BE USE FOR THE WORD TO THE CHIEF FOR THE WORD TO THE WORD T	CAL CER	UNDERLYING	CAUSE WAS OR IG CAUSE OF D		M. MONTH	DAY YEAR	21c H	OW INJURY	OCCURRE	D (ENTER N	NATURE OF INJU	JRY IN ITEM 16	8 PART 1 OR PA	_		
DIVISION THIS CERTING WARDED IN PAGE 3 SH TATE DEPAGE 1201 PRICE	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WINE		OF INJURY CTORY, FARM, E			CATION			CITY OR TOW	/N	со	UNTY		STATE
MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, 51 E 4 SHOULD BE FORV FUNERAL DIRECTOR: FR DEATH, WITH THE ST IMORE, MARYLAND.;		. death resulte	L	May	Adrident	D. sh	Autop kide L	TITLE (S	pecify) y Chi	Under		nner	nd in my of , DATE SIGNE	_D 4	/25/	
TO ME TO FUL PO FUL BALTIN	23o.B		NAME Thoma			D.	AETERY C				CATION					
BP	(:	PECIFY)	rial	4/27/81	Me	adownia	dge i	Mem. 9	Pank	Doi	REGISTRAL		oward GISTRAR'S S		Mary	tand
DHMH-17 (VR A15 ME (5)) 15M 2/80	-04	puntain	I'll Luc	Ly Finen		asade		.eru	2APF		1981	1 pt	Shy	hal	Bandy	1

The state of the s Procession of the second state of the second s

LE. Edward J. Prese mill, 161

William D. S. Elfinose City

Eastin one 21 a. Full meet Centist Self-en.

Maryland Eastin one 21 a. Syste meet 21 a. Syste meet 21 a. Syste meet 21 a. Syste 3 a. Hankey J. Sans J.

Dr. William F. Renner, M.D. 3228 St. Paul St., Balto., No.

Buril 4/10/81 Druid Rides Pikesvill., Narybon Hanry W. Jenkine & Bone Co.
4906 York Road Balto., No. 21212

	16	1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE S	10	2	7 1
		1. DE	CEASED NAME FIRST		MIDDLE	ì	AST	20. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	ay be ooge 3 death	{TYP	ALFRE	D	L.	SUMME	RVILLE		4 10	81	2 25 AM
	ma fer o	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	ge 4		ale	Black	2	9	15°, 19°3°	5 44	YRS.		
	a 5 c		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	XY? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	II. I I I I I I I I I I I I I I I I I I		
	5 6 1 25	Ma	ryland	US		WIDOWE	D DNORCED		E CITY	7	MD.
10	by the filed wife		ltimore	THE J	HOSPITAL, NUR CHEACILITY, GIVE STR OHNS HO	SING HOME C PEET ADDRESS) OPKINS	HOSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
AND 212	Sound be miled by	130.	AL RESIDENCE I IF NURSING HOME OF STATE 136. COUN		13c. CITY OR TO Baltim	NWC	13d INSIDECITY LIMITS YES X NO	13e. STREET ADDRESS 2618 Vio	let Aver	nue	
MARYL	P 200		ATHER'S NAME FIRST	WIDDLE	Summer	ville	15. MOTHER'S MAIDEN FIRST ROSE	WIDDLE	Xiin	Hol	mes
ORE,	× >200 H		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR			
IIW	Pool of		No	e man on pare s	212-40	-4452	Mildred St	mmerville 261	18 Viole		
BAL	± 0 0 ±		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe							MATE INTERVAL DISET AND DEATH
ST.,	phy opposite and o			TE CAUSE (o)	Cardia	pylma	nary Arra	est		3	min.
RESTON	death		Conditions, if ony, which gove rise to immediate	DUE TO, C	Lung	Canc	er			1	year
J W. P	that the ease remain, cremon or other t		couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEC	QUENCE OF					
RDS, 20	equires n signe Then pl r ta buri injury, c	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The law ec	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN	G CAUSES	
OF VIT	The Hys		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART	OR PART 2)	
VISION	DING PHYSICI or attending R After this cert is as the burial oith and Menta marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
٥	TEN or us		220.1 certify that (1) (this haspi	4/1	19	0.	d that in my (our) opin	81 to 4/10	te and hour on		that (1)(we) lost
	AL OR AT the hosp AL DIRECT defoched for ote Dept of Hem 2		J. K. Port	efil	1	M	DEGREE ATTENDIN PHYSICIA	G MEDICAL STA	FF LIAN D	120 DATE S	SIGNED O / 8 (
	TO HOSPITAL Cretoined by the TO FUNERAL Eshould be deton with the Store EMPORTANT: If		Jik, Port	ertie	14		John:	s Hopkins	Hosp	ital	
	∑ e ⊢ to 3 ≤	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23	C NAME OF C	EMETERY OR CREMATO	RY 23d. LOCATION	tr.	SUPER T	15ATE
1	2 BP		Burial	4/15/	'81 I	King Mer	morial Park	Randalls	the state of the s	arylan	
)/	DHMH-16 30M 2/80		UNERAL DIRECTOR		ADDRES	s		DATE REC'D. BY REGISTRAN	256. R	my forth	History
	(VRA 15, 4)	Wm	. C. March F.H.	, Inc./	1101 E.	North.	Avenue	HLK T 2 1301	1	-	w.l.

		* STATE OF MARYLAND		
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H		2/2
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE O	F DEATH REG. NO.	
	DECEASED NAME FIRST	MIDDLE		DAY YEAR 26 HOUR
	(TYPE OR PRINT)		OF ESTI-	
1	BRIAN SEX 14 BACE 15 DAT	P. SUPLEE E OF BIRTH 16. AGE (IN YEARS I IF UNDER 1 YR. TIF LINDER	4=5=	81 M
1	MONT	TH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS	24 HRS. 12c DATE MONTH	DAY YEAR 2 HOS
	male white	ay 3, 1958 22 YRS.	DEAD 4-5-	181 a _M
-20	C BIRTHPLACE INTATE OF 76. CIT	IZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRI	9. BALTIMORE CITY OR COUNTY	OF DEATH
0	MO	USA WIDOWED DIVORCE	n - 1	
10.	CITY OR TOWN OF DEATH	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION		KIND OF BUSINESS
2	Baltimore S.	T.U. University Hospital	FORMOST OF WORKING LIFE)	OR INDUSTRY
) (18	SUAL RESIDENCE (IF IN NUR		leller	Bank
130	STATE 11 COUNTY	13 CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
7	WD 1. H.H.	Hrnold YES NO	1031 Bay Berry	Drive
14	FATHER'S NAME	LAST 15. MOTHER'S MAIDE	N NAME MIDDLE	TAST
20	Charles I	. Suplee Mary	The second second	المما
160	WAS DECEASED EVER IN U.S. ARMED FO	RCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
2.	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR D	(ATES)	To ADDRESS Sa	
	140	Charles	T. Suplee #	130
	18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	ause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUS	Multiple injuries		
		DUE TO, OR AS A CONSEQUENCE OF		
ACTAN	Conditions, if any, which gave rise to immediate	(b)		
		DUE TO, OR AS A CONSEQUENCE OF		
	lying couse lost.			
	BART 2 DINES CICHICICANT COMPATIONS CONTRIBUTE	(c)		
١,		TING TO DEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	II 1 (a)	
1 3				
1 3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?
1 9				YES XX NO [
1 8	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY 216. HOW INJURY OCCURRE	O (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
31 3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		ar at high speed fail	
13 S	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, TILL OCATION	Et road victim was th	rown
1 3	WHILE ONOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET	CITY OR TOWN COUNT	Y STATE
1	AT WORK AT WORK	hgwy. Shore Acre Ro Dumberry Road	d. nr. ARnold, Mary	Land
5	22a I certify that I took charge of the	remains described obove, held on Autopsy X, Inspection	Inquiry . and in my opinion	on
100	death resulted from Natural cause		Undetermined manner ,	
1	Tradition coose		Undetermined manner,	
	ACTUAL YUUGALA	TITLE (SPECIFY)	DATE	
	SIGNATURE	M.D. ASSISTAT	LT MEDICAL EXAMINER SIGNED_	4-5-81
)	EXAMINER'S NAME			
	(TYPE OR PRINT) Margarita	A. Korell, M.D. ADDRESS 111	Penn Street	
230	a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY	57.17
E	Burial Apr.	81981 St man 18 Hill	Mannapolis AF	1 mil
24				7 11111
4.4	FUNERAL DIRECTOR		EC'D. BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE
1	FUNERAL DIRECTOR	ADDRESS A	EC'D. BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE
" <u>7</u>	FUNERAL DIRECTOR		EC'D. BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE

The state of the s delicit elektip to be the beautiful to the in Secure 25. Charge sum hissin have Min, may a 15

The first of the second of the

No. of Asset Ext. Av. . Charle, C. . Com.

Mill and Marie and

trail s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) CORA LEE SURLES APRIL 22. 1981 4:45AN 3 SEX 4 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR F 22 B 13 68 7a. BIRTHPLACE 1 STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N.C. BALTIMORE CITY WIDOWEDX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR JOHNS" HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c CITY OR TOWN 13e STREET ADDRESS 113d INSIDE CITY LIMITS? Balto. 1511 N. Bond St. Md. YES K NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hassie Johnson Annie Shaw 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) NO 220-20-3730 1511 N. Bond St. Dusine Surles ě w 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) d PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE NO DIX Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART VITAL RECORDS. TMED OR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE INDINGS USED TO CERTIFYING LAUSES OF DEATH? NO NO Z YES 210 ACCIDENT WAS UNDERLYING NON 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER: 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY A AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 国 S 22a. I certify that (I) (this haspital) attended the deceased sow the deceased alive on Cani _____, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 回 above, (1) (we) (did) (did not) view the body after death REL 226. SIGNATORE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 4/27/81 Burial Baltimore Cem. Baltimore, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) 1101 E. North Ave. Wm C. March F/H

75 1881 T. 191

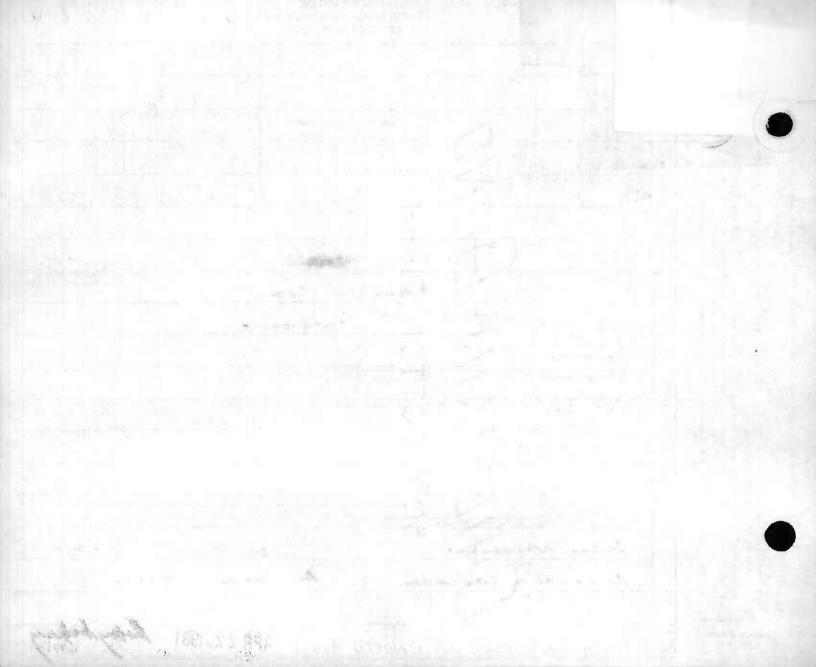
2/1	FOR STATE				MENT OF H	EALTH AND	MENTAL		ì	1 0	27	वं
	REGISTRAR ECEASED NAME YPE OR PRINT)	Gla		WIDDLE	EXAMIN	Suti		2e. D	REG. ATE KNOWN OF ESTI- EATH MATED	MONTH	28 19	2b HOUR
3. SE		lack	5. DATE OF BIRTH	YEAR 06	6. AGE (IN YEA LAST BIRTHDA 75 YR	MONTHS DAY	YR. IF UNDER	MIN. PRO	DATE NOUNCED DEAD	MONTH 4		EAR 2d HOUF
wi	BIRTHPLACE (STATE OR OREIGN COUNTRY) ELDON, N.C		76. CITIZEN OF WE		TRY?	MARRIED	NEVER MARR	HED U	Baltimo		ity	H PM
A	altimore	ATH	11. NAME OF HOS			or other instrove St		12a. USUAL C	OCCUPATION (DF WORKING LIFE)	TYPE OF WORK	12b. KIND O OR IND	
13a :	JAL RESIDENCE (IF IN N STATE MD	13b. COUNT		13c. CITY	OR IOWN TIMORE		IDE CITY LIMITS?	13e STREET A	DDRESS POPLAR	CROVE	ST	
	FATHER'S NAME FIRST		WIDDLE		LAST ERCE		OTHER'S MAID FIRST SUSTE ORMANT		WIDDLE	UNULL	LAST FAISON	
16a. (WAS DECEASED EVER YES, NO, OR UNKNOWN) NO	(IF YES, GIVE W	ED FORCES? VAR OR DATES)		14-528			MAS SAV	ADDR			GWOOD
NOIL	lying cause last	NT CONDITIONS CO	(c)ONTRIBUTING TO DEATH	DUT NOT RELA		AL DISEASE OR CONI		ART 1 (a).				
TIFICA	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR \	WHICH OPERA	TION WAS PER	FORMED?				20 AUTO	
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH	19			ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR P	PART 2)	
MED			21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET		21f LOCATION STREET	١	СПТ	ORTOWN	C	OUNTY	STATE
	death resulted fran		af the remains described at causes	Accident	ve, held an	TITL	Inspection omicide	Undetermin		and in my o	/1/31	0/81
2	EXAMINER'S NAME		Virginia	L. I	olan.M			Penn S	treet.	Balti		
23a. f	BURIAL, CREMATION,			23c. N	AME OF CEM	ETERY OR CREM	ATORY	23d LOCAT			UNTY	MO.
24. F	FUNERAL DIRECTOR W. C. MARC				ORTH AV			REC'D. BY REG			SIGNAUR	rody

The King Control an emalina

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTS James Edward Swanhart April 29. 1981 05:16pm 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 1974 Male White BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LIENOT IN SUCH FACILITY, GIVE STREET ADDRESS!
The Johns Hopkins Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Dependent USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 2519 Wagner Avenue Baltimore Edgemere Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Swanhart Not Known Susan M. ADDRESS2519 Wagner Ave. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 219-84-8604 Edward R. Edgemere, MD. 21219 Wagner 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Examiner D DUE TO, OR AS A CONSEQUENCE OF per Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last. Non-Med AMedical. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 TIME OF MULERY 21c. HOW INJURY OCCURRED ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the S 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 5/2/1981 Glen Burnie Glen Haven BP. Maryland 24 FUNERAL DIRECTOR Duda-Ruck, 25a. DATE REC'D DHMH-16 30M 2/80 (VRA 15, 4) 7922 Wise Avenue Dundalk, MD.

Called the control and the solidar to require the introduce the Course Hopkins Econiust MAN I YAM

3. SEX 4. RACE BLACK	3. SEX 4. RACE 5. DATE OF BIRTH MONTH 1. BIRTHPLACE 151AR CONTROL 1. BALT TO THE TARROL 1. BALT TO THE TARRO		I. DE	CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b HOU
THE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. SIRTHERACE STATE ORTORICAL 13. CITIZEN OF WHAT COUNTRY? 14. MARRIED NEVER MARRIED 15. BALTIMORE CITY OR COUNTY OF DEATH 16. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12. KIND OF BUSINE WOODS 13. STATE 14. STATE 15. MOTHER STORE (IT NURS NO OTHER INSTITUTION 13. CITY OR TOWN 13. CITY OR TOWN 13. CITY OR TOWN 13. CITY OR TOWN 13. STATE 13. STATE 13. COUNTY 13. MODILE 13. MOTHER'S MADEEN NAME 13. MOTHER'S MADEEN NAME 13. MOTHER'S MADEEN NAME 13. MOTHER'S MADEEN NAME 14. STATE	TENNALE STATE DETOINED AND PRESS SALT				la	Sweet	4 18 81 55
The country	Table State of lone on Table T	er deoth	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER
18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL CCUPATION 120. USUAL CCUPATION 120. USUAL CCUPATION 120. USUAL CCUPATION 120. USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION 120. USUAL RESIDENCE (IF MURSING HOME	The BIRTHPLACE STATE ORIGINAL NOT NOT HAVE COUNTRY MARRIED NEVER MARRIED STATE ORIGINAL NOT NOT HAVE COUNTRY NEW PART	-		Temale	BLACK		
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 170. KIND OF BUSINE 180. CITY OR TOWN OF THE MASSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 170. KIND OF BUSINE 180. CITY OR TOWN OR TO MOSE OF WORKING LEFT 180. COUNTY 180. CITY OR TOWN 180.	18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 LINGUISTRY 120	(AL	70 B			MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
(ENDT IN SUCH ACCITY) STATE 136. STATE 136. COUNTY 136. COUNTY 136. STATE ADDRESS 136. STATE ADDRESS 136. STATE 136. COUNTY 136. CITY OR TOWN 136. CITY LIMITS? 136. STREET ADDRESS 136. STATE ADD	STATE STAT	Mark .	1	III D.	4.5.	WIDOWED DIVORCED	16
JULIAL RESIDENCE (# NURSING-MONE OR DIVER INSTITUTION CITY RESOURCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 137. STATE 138. STREET ADDRESS 139. STREET ADDRESS 139. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. WAS DECEASED EVER IN U.S. ARMED FORCES?	JULIAL RESIDENCE (# MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BLOOK ADMISSION) 136. INSIDE CITY LIMITS? 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STATE 136. COUNTY 136. INSIDE CITY LIMITS? 136. STATE 137. PULIS CITY 137. PULIS CITY 137. PULIS CITY 138. TABLE 139. COUNTY 136. INSIDE CITY LIMITS? 136. INSIDE CITY LIMITS? 136. INSIDE CITY LIMITS? 137. PULIS CITY 137. PULIS CITY 138. TREET ADDRESS 14. FATHER'S NAME 158. MODIE 158. MOTHER'S MANDEN NAME 159. MOTHER'S MANDEN NAME 158. MO	134 134	10 0	HI TO CAN		ADDRESS)	
14. FATHER'S NAME FIRST MODIE 15. MOTHER'S MADEN NAME FIRST MODIE 15. MOTHER'S MADEN NAME FIRST MODIE 15. MOTHER'S MADEN NAME FIRST MODIE FIRST MOD	14 FATHER'S NAME FIRST MODIE STANDER'S NAME STA	See See			OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13. STREET ADDRESS
FIRST MIDDLE SALL YER FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST FIRST MIDDLE FIRST MIDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDLE FIRST M	Test MODIE SLAST MODIE	\$	>	MD	BALT		
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Mine .	14. F		AIDDLE LAST		
Second time	State Condition (8 YES, GNE WAR OR DATES)	3870	1	WILBERT	SAWY	7	A JENININIAIG
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR AS A CONSEQUENCE OF OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR AS A CONSEQUENCE OF OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR AS A CONSEQUENCE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF MONTH DAY YEAR (IF EITHER, NOTEY MEDICAL EXAMINER) P.M. 19 211. LOCATION COUNTY CONTRIBUTING CAUSE OF DEATH OF MACHICAL EXAMINER) P.M. 19 211. LOCATION COUNTY	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH YES NO OR CONTRIBUTING CAUSE OF DEATH YES NO OR CONTRIBUTION COUNTY STREET CITY OF TOWN COUNTY STREET COUNTY OF TOWN COUNTY STREET COUNTY OF TOWN	dico /					
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR ON THE OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. PLACE OF INJURY 2111. LOCATION CHARGE	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	E		NO	714-18-6	310 Alsabelle	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 217. LOCATION CHYCREOM CH	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21f. LOCATION STREET CITY OR TOWN COUNTY S	- L		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 217. LOCATION CHYCREOM CH	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21f. LOCATION STREET CITY OR TOWN COUNTY STREET	injury, ar other	NOI	couse (o), stating the underlying cause lost.	(c)		
The place of injury occurred 116. Place of injury 216. Location	21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY CITY OR TOWN COUNTY COUNTY CITY OR TOWN COUNTY COUNTY	ws ony injury, ar other	TIFICATION	couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	(c) ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT
WHILE NOT WHILE AT WORK AT WORK	AT WORK AT WORK	18 shows ony injury, ar other		couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	(c) ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUP	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? IN CERTIFYING CAUSES OF DEAT YES NO NO NO
	270.1 certify that (1) (this hospital) attended the deceased fram	or Item 18 shows ony injury, ar other		couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER). 218. IN JURY OCCURRED	ONDITIONS CONTRIBUTING TO DISCONDITION FOR WHICH 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? 200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
saw the deceased alive an 19, and that in (my) (our) opinion death accurred on the date and haur and from the causes sto above, (1) (we) (did) (did not) view the bady after death		or Item 18 shows ony injury, ar other		couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER). 216. IN JURY OCCURRED WHIE NOT WHILE AT WORK OF WAS AT WORK. 220.1 certify that (1) (this hospite sow the deceased alive an some some some some some some some some	(c) ONDITIONS CONTRIBUTING TO DON'T TO THE PROPERTY OFFICE, FACTORY, OFFICE, FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OFFICE, FACTORY, OFFICE, FOR THE PROPERTY OF THE	OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUP FARM, ETC.) 21f. LOCATION STREET 19 19	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? YES NO NO NO CERTIFYING CAUSES OF DEAT YES NO NO CERTIFYING CAUSES OF DEAT YES NO CITY OR TOWN COUNTY S CITY OR TOWN COUNTY S
above, (1) (we) (did) (did nat) view the bady after death. 27b. SICN A LHE DEGREE 27c. DATE SIGNED	226. SIGNATURE DEGREE 226. DATE SIGNED	Hem 21 is morked or Item 18 shows ony injury, ar other		couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE	(c) ONDITIONS CONTRIBUTING TO DON'T TO THE PROPERTY OFFICE, FACTORY, OFFICE, FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OFFICE, FACTORY, OFFICE, FOR THE PROPERTY OF THE	OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUP 19 21t. LOCATION STREET , 19 , and that in (my) (our) opinion DEGREE	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? 200 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO NO
above. (1) (we) (did) (did nat) view the bady after death 226. SICN PUBL ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	DEGREE 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN 4/21/41	T: If Nem 21 is marked or Item 18 shows any injury, ar other		couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER). 216. IN JURY OCCURRED WHIE NOT WHILE AT WORK OF WAS AT WORK. 220. I certify that (I) (this hospith sow the deceased alive an above. (I) (we) (did) (did not 22b. STC.)	(c) ONDITIONS CONTRIBUTING TO J 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 21f. LOCATION STREET And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? YES
above, (l) (we) (did) (did not) view the bady after death 27b. SICN THE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN HIS LINE OF THE SIGNED 27d. PHYSICIAN'S NAME (1995 OR POBLIST) 27d. PHYSICIAN'S NAME (1995 OR POBLIST)	226. SICH A CHE 226. SICH A CHE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1) 224. PHYSICIAN SNAME CLUB CORPORATION 225. SICH A CHE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1) 226. SICH A CHE ATTENDING MEDICAL STAFF PHYSICIAN (2) ATTENDING MEDICAL STA	State Dept. of Health and Mental Hygiene prior to burial, crem NT: If Hem 21 is morked or Item 18 shows ony injury, ar other		COUSE (O), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT COURSE. 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK OT WHILE ALWORK 220. 1 certify that (I) (this hospity saw the deceased alive anabove, (I) (we) (did) (did not 22b. SICEN ALIVE)	(c) ONDITIONS CONTRIBUTING TO DISCONDITIONS CONTRIBUTING TO DISCONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FOLLOWING) of the body after death.	OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUP FARM, ETC.) 21f. LOCATION STREET , 19, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY? YES
above. (l) (we) (did) (did not) view the bady after death 27b. SICN THE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (1YPE OR PRINT) ACLENON A. SOLBUNORY. PARTICULAR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 27d. ADDRESS BURIAL, CREMATION, REMOVAL 23b. DATE 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	226. SICH AUTHER DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS BUT OF THE PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	ste Dept. of Health and Mental Hygiene prior to burial, crem T. If Nem 21 is morked or Item 18 shows ony injury, ar other	MEDICAL	COUSE (O), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT	(c) ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F OI) ottended the deceased fram 19 view the bady after death 19 1286 LANDAGE 236. DATE 236. DATE	OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUP 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS NAME OF CEMETERY OR CREMATORY	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? YES NO NO NO CERTIFYING CAUSES OF DEAT YES NO COUNTY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY S MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN 2226. DATE SIGNED ### App App App App App App App App App



	-					MARYLAND					
- 9		FOR STATE		DEPARTMENT OF) 2	. /	1
		REGISTRAR	ME	DICAL EXAMII	VER'S	CERTIFICATE	OF DEATH	REG. NO.			
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE K	NOWNXX WO	NTH DA	Y YEAR	26 HOUR
- 6	/	Charl	es	R.	S	wift	DEATH	MATED 4	8	1981	M
	3. SEX		5. DATE OF BIRTH	6. AGE (IN)	EARS IF U	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MON	ITH DA		2d HOUR
1	Ma	ele White	MONTH DAY 12-	-1-1905 75	DAY) MON	THS DAYS HOURS	MIN. PRONOUNG	CED 4	8	1981	3:20
	Jin Bi	DTHPLACE ISTATE OR	7b. CITIZEN OF W	HAT COUNTRY?	0	<u> </u>	O DALTINAC	ORE CITY OR CO			а.м
35	FO	Balto. Md.	115	Δ	WIDO	NED NEVER MAR	RIED 🔲	_		o carri	
1		TY OR TOWN OF DEATH	II NAME OF HO	SPITAL, NURSING HOA				timore (KIND OF BU	MD.
110			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		EQR MOST OF WORK	ING LIFE)		OR INDUST	RY
4	NICHA	Baltimore		<u>amaritan Ho</u>		al	Photo-En	graver	Ne	ws Am	erica
1	13a S	TATE DIM COUN		13c. CITY OR TOWN		138. INSIDE CITY LIMITS?	13e. STREET ADDRES	S.			
0		M.	SAItO.	Balto		YES NO [5736	Maple Ro	ad-2	1239	
	14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	NO. IS		LAST	
30	0	Charles Swift	£	LASI		F.	Ua Van Bok	enn		FWSI	
-	16s. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	TY NO.	17. INFORMANT		ADDRESS			
L	(A)	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	212-07-7	927	Mrs. Anna	2 Smilt -	5736 Ma	nla	Road-	2/220
13		18. CAUSE OF DEATH (Enter on			/-/	1.703.7 BUGL	J. Swige	7/ 00 114	pre	APPROXIMAT	
33					1: .				BE	TWEEN ONSE	T AND DEATH
A		1/2 MMEDIAT				Jardiovasc	ular Diseas	se			
ATION, OR REMOVAL.		Canditions, It any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
X C	-	gave rise to immediate	(b)								
AL, CKEMATION, OF		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF						
		lying coose last.	(c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TER	MINAL OISEA	E OR CONDITION GIVEN IN ?	PART 1 o				
	Z										
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION	VAS PERFORMED?			20	AUTOPSY	?
2	F	III Blood Street								YES	Note
-	ERT	210 EXTERNAL CAUSE WAS	21b. TIME O		[2]c. H	OW INJURY OCCURR	RED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 21	152	NOXX
5		UNDERLYING OR		MONTH DAY YEA							
	MEDICAL	CONTRIBUTING CAUSE OF E		OF INJURY (ATHOME,	211.10	CATION					
	ME	WHILE DOT WHILE	STREET FAC	TORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY		STATE
		AT WORK AT WORK									
		22a. I certify that I took charg	e of the remains de	scribed abave, held an	Autop	osy , Inspecti	on X, Inquiry	and in m	y apınian		
			al causes 🔀.		vicide [. Hamicide	Undetermined man		,		
K		140101	A	,	o.cide L		Onderermined mar		reis	ssued	on
Š		ACTUAL MAGIA	us ZI) al ne		AD Assistan	+	DA	TE Z	4-10-8	
Ä,		SIGNATURE UNGLA		oun	^	A.D. /133131011	MEDICAL EXAMI	NER SK	GNED	100	
¥2	-	EXAMINER'S NAME VITO	lainia	Dolan, M.D.			II Penn Str	reet			
BALTIMORE, MARYLAND, 2						ADDRESS		661			
i	23a. Bl	URIAL, CREMATION, REMOVAL 2		23t. NAME OF CI			23d. LOCATION CUY OR TOWN Balto.		COUNTY	Si	TATE
		Burial	4-13-81	Holy	Kosan	y (em.	Balto.	Md.	-		
	-	UNERAL DIRECTOR	ADDRESS			APR	REC'D. BY REGISTRAR	25b Pasis RAP	1	VIRE BY	
		John (. Miller	Inc-6415	Belair Rd.	-2120	6 HIL	10 1201	1		-/	
	_										

M. " " 11. 11.

i in very went

1 / 100 / 100 / 1

1500

the len lobern

21-17-127 100 100 21 - 7730 100 00 -21-29

William of all him

alto, d.

ining latery with interest in

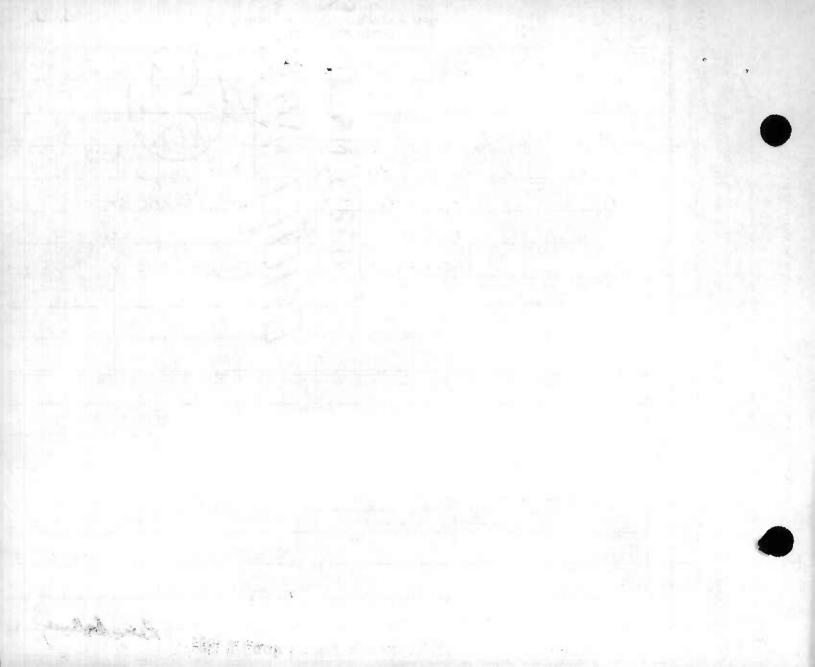
one idea nowiff while and it

The state of the s Negat bloom contract group group group and an arrived and Lacros 4001 hiteria linguistica. AFR 2 2 1937 / Fryshing

			OR			DEPART			ARYLAND I AND MENTAL	HYGIENE		0 2	7	9
	jo	RI	TATE EGISTRAR		MEI		EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG. N	NO.		
			ASED NAME OR PRINT)	NORR)	re t	MIDDLE	OF	73.6A 31.0	LAST	OF		— \		25 HOUR
PLEASE	TOR.	3. SEX		4. RACE	Is. DATE OF BIRTH	•	6. AGE (IN YE	MANC		R 24 HRS. 7c. DA		4-20	1981	M HOLE
SARY, PI	STATE OF THE PARTY	ma]	Le	white	8-31-	3 T YEAR	LAST BIRTHD	AY) MONT	S DAYS HOURS		UNCED	4-20	19 81	1090g
ASSA ASSA	NED /	Ja. BIRT	THPLACE (ST	ATE OR	76. CITIZEN OF WE	HAT COUN		2	ED NEVER MAR	RIED .		OR COUNTY O		
S NB	E GELLALIA SIEGELA SIEGELA		OR TOWN	OF DEATH	US A	PITAL NUI	SING HOM	WIDOW		CED Ba	ltimor		KIND OF BU	MD.
DELAY !	L 4 F ()	Ва	ltimor	re	Union M	emori	al Hos	pita	1	Seaman	VORKING LIFE)	Tu	or industr	t
21201 ANY DE	S1, 2, AND 3 TO THE PM 3. RETAIN PAGE ND 2 SHOULD BE FILE VITAL RECORDS, 201	USUAL 130. STA	RESIDENCE	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIVIN	13t Ba	OR TOWN	ON)	13d. INSIDE CITY LIMITS?	3205 A	ärksi	de B ri	ve 21	214
RE, MD.	AND 2 ST		her's name heodo	re Szym	nambwski		AST		15. MOTHER'S MAIL		orek		LAST	
ALTIMOI AFTER D	H FORM TH FORM AGES 1 / VISION O	(YES.	S DECEASED NO. OR UNKNOW YES	EVER IN U.S. AR/			IAL SECURIT		17. INFORMANT Paula S	zymanow	ski 3	206 Pa	rksid	le Dr
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. 16	IN PENCIL IN TEM 18. GIVE PAGES 1. SAMINER ALCONG WITH FORM PM. 1AL - RRANSIT PERMIT. PAGES 1 AND 2. O MENTAL HYGIENE, DIVISION OF VITA DN. OR REMOVAL.	1	PARTIDE:	s, if ony, which to immediate stating the under-	ly ane couse per line D BY: A TE CAUSE (o) DUE TO, OR (b) DUE TO, OR	rteri AS A CON	oscler SEQUENCE	OF	cardiovas	scular di	sease	8	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
HTAL RECORDS, 20	NDING" REDICAL IS A BUR ITH AND	O L	PART 2 OTNER SIG						OR CONDITION GIVEN IN I	'ART 1 (a).		20	AUTOPSY?	№ П
IVISION OF V	ATE, WRITING THE WORD, "FE ORWARDED TO THE CHIEF M ORWARDED TO THE CHIEF M STATE DEPARTMENT OF HEA HE STATE DEPARTMENT OF HEA ND, 21201 PRIOR TO BURIAL, OF	CAL CER	INDERLYING	L CAUSE WAS OR IG CAUSE OF I	216. TIME OF HOUR A.M DEATH P.M	MONTH.	DAY YEAR	21c_HC	OW INJURY OCCURE	ED LENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR PART 2)		
DIVISI THIS ŒRT	WRITING ARDED AGE 3 SH ATE DEP/		NHILE AT WORK	CCURRED NOT WHILE AT WORK	?le PLACE C STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,		CATION TREET	CITY OR	TOWN	COUNTY		STATE
OICAL EXAMINER: 1	EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BATTIMORE, MARYLAND, 21201		death resulte ACTUAL SIGNATURE_	d from Voy	ral causes K	Accident	II, su	Autop	Homicide TITLE (SPECIFY) D. Assista	Undetermined	manner AMINER	DATE SIGNED	4-21	-81
) WED	EXECUT PAGE 4 TO FUN AFTER D BALTIM	0	XAMINER'S I	417	garita A.				ADDRESS	L Penn St				
1		(SPE	RIAL, CREMAT Burial	ION, REMOVAL 2	3b. DATE 4-24-81				k Cemete	23d. LOCATION CITY OR TOWN	lto.,	Md.	STA	ATÉ
2731	DHMH - 17 R A15 ME (5)) 15M 2/80	24. FUN	VERALSIRES	imunek	Funeral ms Lane	Hom	e, In 213	C.		REC'D. BY REGIST		GISTRAR'S SIGN	ATURE	

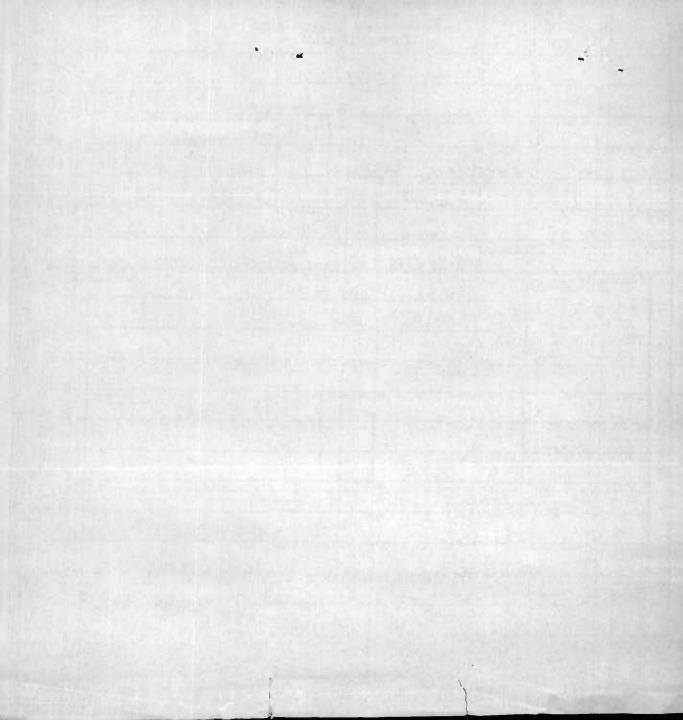
116. 3C.=1, C-C31 1 19 CM , 268 CC J. C. i. C.

5	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIEND I REG. NO.	0 2 8	0
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH		HOUR
2.5	(TYPE	ROGERS	(,)	Tacy	277	Λ	10 01 1	330 PM
0.0	3. SE		I4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
	3. 3L	^	RACE	MONT		MOL (INTERNSTAST BIRTHDAT)	MONTHS DAYS HOU	
5/		MALE	BLACK	2	18 36	1/4	YRS.	
7 1		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8.	D L NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH	
2 22	A	Md	45	WIDOWI		BALTIMORI		MD.
2 2.00	10 C	ITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUS	INESS OR
376	18	ALHWORE	LUTHERA	WE STREET ADDRESS)	SPITAL	2 nemploy	KING LIFE) INDUSTRY	
3 3	USU	AL RESIDENCE (IF NURSING HOME O		ICE BEFORE ADMISSION)		. /		
200	130 5	STATE 136 COU			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1 - 1 - 1 -	
7	14.54	ATHER'S NAME	13.40	+1 MORE	YES NO S	2735BAKET	C 5+,	
JE C	14. FA	FIRST	MIDDLE	AST	FIRST	MIDDLE	LASI	
Si	ji.	ROGERS	Tack	Kett	Florene	ce	Rucker	-
medicol		VAS DECEASED EVER IN U.S. AF	E WAR OR DATES	AL SECURITY NO.	17. INFORMANT	ADDRESS		
medi	1 ,	Ves		30-9857	Andrew F	Tackott 131	12 Windows	up Ano
a)		18 CAUSE OF DEATH Enter of			711131200 1	TIME SETT TEST	APPROXIMATE I	NTERVAL
paper novol. ent, th		PART I. DEATH WAS CAUSE	DBY. Ont-	1-1	Kasu A.		BETWEEN ONSET	ANDDEATH
ren Cev		IMMEDIA	TE CAUSE (0) Probe	ask !	- Junio			
o, o	1	1629	DUE TO, OR AS A CON	NSEQUENCE OF	01/1.		WALL DAY TAKE	
ofic		Conditions, if any, which gove rise to immediate	(6) 2-50	magech	OBSTUUT			
ner t		couse (a), stating the	DUE TO, OR AS A COM					
r ath		underlying couse last	(c) Lu	my Ca	new			10 210
ر خ		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	VG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 10	
<u>.</u>	O N							
ony -	AT A	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS L	SED
2 5	Ĕ					YES TO NOTALING	CERTIFYING CAUSES OF D	EATH?
18 shov	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE		
FT		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR				
# /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19	211. LOCATION			
ed or	Me l		21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
rke	-	AT WORK AT WORK						
Ĕ		220 I certify that (I) (this hosp		from F	19.80	10 4 14 81	, 19, that (((we) lost
21 :		sow the deceased alive on	ot) view the body ofter death	_19, or	nd that in (my (our) opinio	n death occurred on the date on	d hour and from the cause	s stoted
e E		22b. SIGNATURE	or view the body offer deoff		DEGREE		22c DATE SIGN	ED
TANT: If It		91	5.1	1	ATTENDING	MEDICAL STAFF	././.	
ž	-	CM. U.	Janacja	wy).		DIRECTOR PHYSICIAN	1 4/14/8	5/
I K		22d. PHYSICIAN'S NAME (TYPE C	-0		22e. ADDRESS			
with the State [IMPORTANT: If		EDWARD L	N, SCHASH	GM MD	CUTHERAI	N HOSPITAL		
3 3	23a. F	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236 LOCATION		
	(:	Burial	4/20/81	N. 2	State Wet C	CITY OR TOWN	COUNTY	STATE
	24 Ft	JNERAL DIRECTOR			State Vet C	Crownsv ATE REC'D. BY REGISTRAR 256 M	A SIGNATURE	-
1/76		Wm C March F	/H 1101	F. Nort	h Ave. No	ATE REC'D. BY REGISTRAR 250.00		
		THE C PROLUM I	/ 11	- TAOT	176	11 11		



DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 - TATE CERTIFICATE OF DEATH RECH TRAR ROGERS 3 56 X BALTIMORE CITY OR COUNTY OF DEATH DNORTO 12h A IPU - F 90 - NE INJUNE BY 136 Constr 3d IN F 17 - LIAN 130 STREET ADDRESS BI TY (R TI A. 73584KEK BALLINOKI III Chamason 4 FATHER NAME MB KO GERS BO WA DE EA E E FRIN ARVE F F F Ves CAUSE OF DEATH I to PART (FAIR WA CALE H ASPIRATION CASASET ATE A F Conditions if day which give use to immediate tot y the Cancer THE FERRINA, DIEA & OR THE TEN MAN CERTIFICATION TO THE WENT FIN THE TENTON THE W ATE F STEWAR IN TH The same part of war to be a few at the area AE . TIME FINER 14 A 1. 6. 641. OR BY A AM MINTER A. HAFE er to the second of 114 Pal Wa C - WWY B P A E I IN . FT THE DEATHON A 10% He | cortily that I the he get after local the dispersed the december of the state of th 100000 Affen, me PHYSICIAN Pott VIA's WE T W THE ADDRESS SCHASIMMEND Burial CEDWINEW 1101 Wm C March F/H E. North Ave.

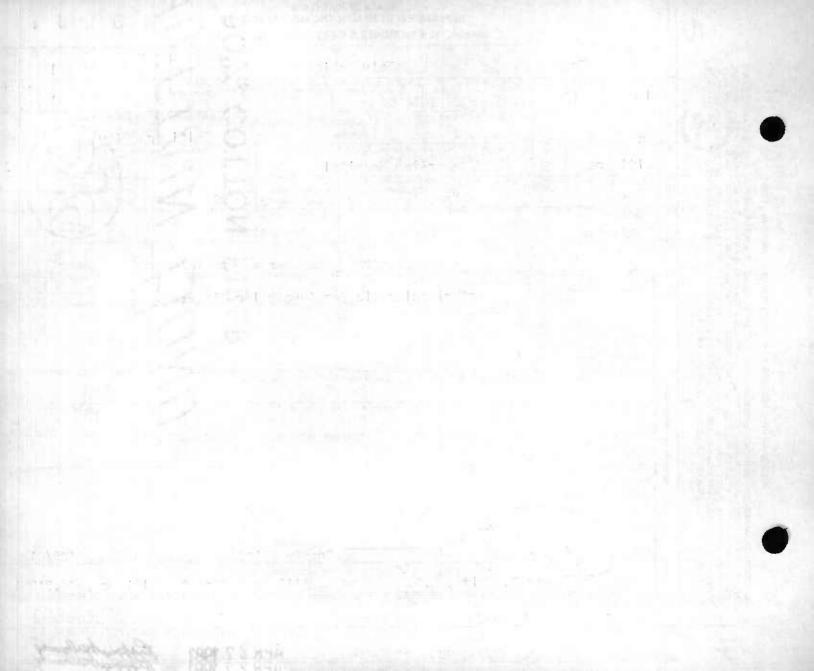
STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN W TYPE OR PRINT) OF ESTI-Frank Talvacchia S 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
PM. 3. RETAIN PAGE & POR YOUR FILES,
ND 2 SHOULD BE FILES, WITHIN 72 HOURS
VITAL RECORDS, 20 FW. PRESTON STREET, DEATH MATED 4 24 1081 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED Male White 1981 24 October 31,1916 64 crs DEAD 70. BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY U.S.A. Maryland Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Good Samaritan Hospital OR INDUSTRY FOR MOST OF WORKING (IFE) Baltimore Machinist Crown Cork Seal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5911 Sefton Ave Baltimore Maryland YES & 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Josephine Marchese Pierino Talvacchia DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** 217-07-8227 Mrs Margarette Talvacchia Same NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21d. INJURY OCCURRED 21e PLACE OF INJURY | AT HOME, 21f LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 274 I certify that Leak charge of the remains described above, held an Inspection X Autapsy death resulted from Natiral causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Deputy ChiefEDICAL EXAMINER 4/25/81 SIGNATUR EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street, Baltimore, Md.21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 4/28/81 Bel Air Mem Bel Air Harford Maruland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5) Leonard J Ruck Inc. Baltimore, Maryland

15M 2/80

STATE OF MARYLAND



	117, 117		AMAG SEGMA	THUI LAT	
		1 m- C		MA	
			86-L .4.5.7		
		100.0	ELAST . GREET		
	A 3. 1 (1 C) 1 (1 C)		Berry L.		
			alt		
		HAZ ALMERT	1):0=(=::0) =-	no. * *	
S.S. Kennya, Maintak (S.)					

e .



THE RESERVE OF THE VANCOUR A PUR-

JATTER LEADERS SING STA

\$ 1981 to 6 974g to

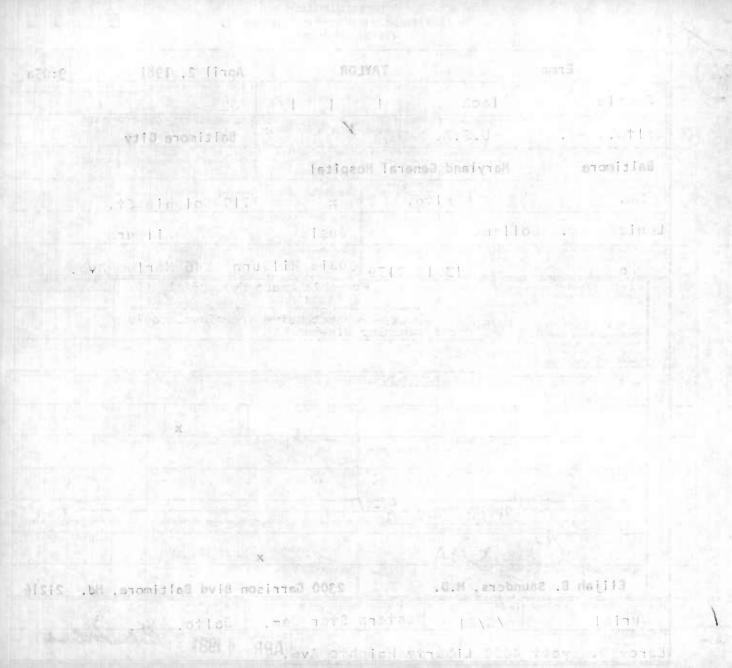
Roll State

\$

All item	ns in RW		1-	FOR STATE REGISTRAR			NT OF HEA	F MARTLAND LTH AND MENTAI ATE OF DEATH		REG. NO.	10.	2 8	4
In Hose	5/12 RJ.		I. DEC	CEASED NAME FIRST	MIDDL	.E	LAST		20		NTH DAY YEA	AR 2b. HC	OUR
	of the		(TYPE	OR PRINT)	GIRL	TAYL	OR		3.5	4/20 /8	1	15	35 Am
	oy de	11	3. SE>	4.1 7	14. RACE		DATE OF B	IRTH ,	6	AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 1	EAR IF UND	DER 24 HRS
	4 o o				Bear	. 16	MONTH /	DAY YEAR		30 minutes	MONTHS D	O O	30
	irect irect			EMALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8		20/81	0	BALTIMORE CITY OR			100
	th. Po	00	- 0	OUNTRY)	1 - 1			NEVER MARRIED	DA	BALTIMA	0	171	
	de in	20		TIMONE MI	11. NAME OF HOS		VIDOWED [a. USUAL OCCUPATION		ND OF BUSI	MD.
	s after oby the fulled with	0	0.01	IT OR TOWN OF DEATH	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADD	ORESS)	JITER INSTITUTION		TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUS	TRY /	11200 011
201			B	HTIMORE	UNIVER	SITY RESIDENCE BEFORE AD				INFANT		NA	7
MARYLAND 21201	in 24 having filled in shauld be tertings be		13a. S	L RESIDENCE (IF NURSING HOME TATE 13b CO	UNTY 13c.	Baltimur	7 13 Y	d. INSIDE CITY LIMI ES MO		e. STREET ADDRESS	athoun	S4 Z	Balto Md
XXI.	= 2 t		14. FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDE	ENNAME	WIDDLE		LAST	
MA	w be sold w	00		HARRY	5	TAYLOR	1 - 1	MARIO	N.		6U-	1	
				AS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURIT	TY NO. 17	. INFORMANT	9.115	ADDRESS	0		
WO	Pages)	1	(1	ES, NO OR UNKNOWN) (IF YES,	GIVE WAR ON DATES)	NIA		1380 1	N.e.	ALHOUN S	T. BA	TO	1).
BALTIMORE,	iciparisicipar			18 CAUSE OF DEATH (Enter	anly one couse per line	for (o), (b), and (o	c).}				BETY	PROXIMATE IN VEEN ONSET A	ND DEATH
_; m	physical phy		1,18	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)	PREMAT	UMT	4					
Z S	ranging range			7/50		ACONSEQUENC							
PRESTON	deoth ote co ove co ntion, o			Conditions, if any, which	(1b)	PREMA	TULI	TY 2	22 W	EEKS G	ESTATION	14L 1	KE
88	9 B E D			gave rise to immediate couse (a), stating the	(0)		CEOE						
*	that the day the eose re al, crem			underlying cause last.		S A CONSEQUEN	CEOF				0 27 11		
	+ - 0 0 -			PART 2. OTHER SIGNIFICAN	t CONDITIONS CONT	RIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	E TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN PAI	RT 1(a)	
DS,	equires in signe or to buri		N	TARK E. OTTER OTOTAL ICA									
RECORDS	- 0 + 0 >		CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OF	PERATION	WAS PERFORMED			Ob. IF YES, WERE FI		
	n. nos be permi	2	IFIC	NIA		NIA	-			YES NOW	N CERTIFYING CAI	NO	
VITAL	HYSICIAN: The Is ding physician. is certificate has burial-transit per Mental Hygiene ar them 18 shaws		ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY	2	Ic. HOW INJURY O	CCURRED	ENTER NATURE OF INJURY I	N ITEM 18, PART I OR PAR	IT 2)	
OF V	SICIAN: ug phys certifico rriol-tror entol Hy	9		OR CONTRIBUTING CAUSE OF	PEATR	MONTH DAY	YEAR						
N	HYSIC nding his cel burid I Men	1	EDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e PLACE OF I	INJURY		If. LOCATION			COUNT	-	STATE
DIVISION			ME	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARA	M, ETC)	STREET		CITY OR TOWN	COUNT		SIAIR
á				220.1 certify that (I) (this ha	raital) attended the de	ecensed from				. ta	19	that ()	l) (we) last
	TTENDINI putal or of TOR: Aft for use as of Health			saw the deceased olive	an	19	, ond 1			ith accurred an the date			- '
	ATT BSPL ECT Bd fo		160	abave, (1) (we) (did) (did 22b. SIGMATURE	nat) view the body ofte	er deoth.		GREF			-	DATE SIGNE	_
	the hosp L DIREC etoched re Dept.			Man Oa	60 4	M	5	ATTEND	ING _	MEDICAL STAFF		Sal	8/
	RAL det			22d. PHYSICIAN'S NAME (TY	Chee	1-1-	12	PHYSIC 2e. ADDRESS	IAN []	DIRECTOR PHYSICIA	NLY	1201	0.1
	ed bed bed bed bed bed bed bed bed bed b		100	210. PHYSICIAN SINAME (IV	PE OR PRINT)	AAT)		1 . /		11 -0	/	TEN	
	retained by the TO FUNERAL I should be detained that the Stote I MADORTANT. If			CHARLES	to Util	1/1/			174	HOSPITA			
	F 6 F 2 3 ₹			BURIAL, CREMATION, REMOV			ME OF CEN	NETERY OR CREMAT	TORY	23d. LOCATION CITY OF TOWN	COUNTY		STATE
1501	BP			Removal	5/1/	81							
120%	HMH-16 30M 2/80			UNERAL DIRECTOR		ADDRESS		25	MA AN	EC'D. BY REGISTRAR 25	b. REGISTRAR'S SIC	NATURE	
	(VRA 15, 4)		1	Anatomy Board	Ba	lto., Md	•		MAY	8 1981	profrage/s	TE Care	A.

All metal backers 5/1/81 INVOTE

8	A x	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	0 2 8 5
	men		CEASED NAME FIRST OR PRINT)	WIDDLE	LAS1	20. DATE OF DEATH MONTH DAT	YEAR 2b. HOUR
	ady be		Erma		TAYLOR	April 2, 1981	9:05a м
	ecto est	3. SE	emale	A.RACE Black	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	£ 25 £	Ba	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY U.S.A.	RARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY O	F DEATH MD.
5	by the fune filed within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Mary Land Gene	ING HOME OR OTHER INSTITUTION ET ADDRESS) TO ADDRESS) TO ADDRESS HOSPITAL	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
4ND 212	filled in rould be	13a. S	AL RESIDENCE (IF NURSING HOME OR	NTY 13 CITY OR TO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 717 Dolphin St	
MARYL	ompletely ond 2 sh	LO LO	THER'S NAME UISFIRST C. H	of land LAST	Susie	MIDDLE Hilbur	LAST
J. E.	Poges 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	,	ADDRESS	
Ž.	ا به ق و		No	213 18	7179 Susie Hill		
I. BAL	rtificate g physici an paper emovol.		PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), a DBY: TE CAUSE (a)	nd(ct.) Probable acut Infarction	ce Myocardial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hat the death ce by the attending ase remove carb il, cremotian, or r ather traumatic		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.		JENCE OF Hypertensive scular Disease JENCE OF	e Arteriosclerosis	
20	phone di propina di pr		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
280	4 4 4	TION	Obesity				
AL REC	The low	CERTIFICATION	19a. DATE OF OPERATION	July Made N	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, VIN CERTIFYII	VERE FINDINGS USED NG CAUSES OF DEATH?
40	SICIAN, ng physic certification violatrian actual the term 18 s		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18. PART	I OR PART 2)
IVISION	off PHYS off this is the bu-	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	of Healt		220. certify that (I) (this haspi sow the deceased dive on above. (I) (we) (dia) (and no	tol) offended the deceased from 1/12/81	4/29/77 , 19 81 , and that in (my) (aur) apinio	, to, 19	, that (1) (we) last and from the causes stated
•	CAL OR J		22b. SIGNATURE	when	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
	HOSPIT THE BY THE ST THE ST	14	22d. PHYSICIAN'S NAME (TYPE O		22e. ADDRESS		
	MPO H		Elijah B. Sa			son Blvd Baltimore	, Md. 21216
	BP		URIAL, CREMATION, REMOVAL Buria!		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
	HMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME OV 0. DVett			ATE REC'D. BY REGISTRAR 251 ALGU TRA	R'S QUE



8	1	FOR		SER A DY	STAT	E OF MAI	RYLAN	ID		170	2	4.0	-	74	
	11-	STATE			MENT OF H					. 1	- 1	U	Can	8	0
	1.6	REGISTRAR - FIRST	ME	MIDDLE	EXAMINE	K.2 CEI	KIIFIC	AILOF			REG. NO.			239	
Fig. 10 and 1		PE OR PRINT)				LASI			2a. [OF E	STI-	MONTH	DAY	YEAR	ZE HOUR
PLEASE CTOR. FILES. HOURS		Esther		Ε.		Taylo				EATH MA	ATED [4		, 81	M
H STEPE	3. SE	X 4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	s IF UNDE	RIYR.	HOURS 1		DATE	D	MONTH	DAY	YEAR	2d HOUR
\$365°		emale Black	12 13	91	89 YRS		DAIS	NOURS /		DEAD		4_	29 1	981	2;00 M
ESS FEST	7a. E	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WI	HAT COU	VTRY?	MARRIED	☐ NEV	ER MARRIED	9. B	ALTIMOR			TY OF DE.	ATH	SWI
IS NEGSSARY, PLEASE F FUNKRACIORECTOR. E 5 FOR YOUR FILES. ED, WITHIN/72, HOURS I W. PRESTON STREET,	4	N.C.	USA			WIDOWED	Ŭ.	DIVORCED		Balt	imore	Cit	Α		MD.
LIAY IS NE O THE FUN PAGE 5 F E FILED, W	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME,	OR OTHER	INSTITUT	ION I	FOR MOST	OCCUPATION OF WORKING	ION TYPE	OF WORK	12b. KIND	OF BUS	SINESS
P P P P P P P P P P P P P P P P P P P	1	Baltimore	2903 BO	arman	Ave:						,,				100
AIN DE		AL RESIDENCE (IF IN N NOME OF	OTHER INSTITUTION, GI				I. INSIDE CIT	TY LIMITS? II	3e STREET	ADDRESS			- 4		
SECTION AND SECTIO		MD Z	1. 17.	BA	LTIMORE		res 🖹	NO. [9985		TI.FOR	D RD	т.	ESSU	P, MD
MD. H. III.	14. F	ATHER'S NAME	MIDDLE	a	LAST		MOTHE	R'S MAIDEN		MIDDL	1				
DEATH DEATH AND 2	P	WILLIAM	MIDDLE	I	ROUGHAN		Ğ	ËNNIE		WIDOL	c	LAW	RENC.	Ė	
MO PAGORA ONO	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SO	CIAL SECURITY	NO. 17.	INFORM	IANT	-	A	DDRESS				-
101 W. PRESTON ST., BALTIMORE, MD. 21201 NED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA N. PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO XAMINER ALONG WITH FORM PM. 3. RETAIN P. AL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE MENTAL HYGIENE, DIVISION OPWIA! RECORDS. NO. OR REMOVAL.		NO	AN ON DATES	213-	28-8907		TOHN	EXIM	9985	GIIII	FORD	RD	TESS	IIP	MD.
HOURS M 18. G VG WII RMIT. P. NE, DIV.		18 CAUSE OF DEATH (Enter only	one couse per line	for (a) th) and (c))								APPR	OXIMATE	
ON ST 24 HO TIEM 1 ONG PERMI SIENE, VAL.	13	PART I DEATH WAS CAUSED	BY: Hyp	erter	sive Ar	terio	scle	rotic	Cardi	ovaso	cular		BETWEE	N UNSET	AND DEATH
ESTO IN 24 IN IT ALO SIT PE HYGI		4029	DUE TO, OR	AS A CO	NSEQUENCE O		'n		Disea	ise					
PRE MER ANS AL H REV	-	Conditions, if any, which gave rise to immediate	(b)										100		
201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL - TRAIL ON, OR REA	1	couse (o) stating the under-	< 1.7	AS A CO	SEQUENCE OF				34.7						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN 18th 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG VER 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPRATIMENT OF HEALTH AND MENTAL HYGIENE, IN OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse last.	(c)												
AAN BUILD		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	DUT NOT REL	TEO TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART	1 (0).						
RECORDS. ID BE EXECPENDING. MEDICAL O ASA B BUI CALH AN CREMATI	NO NO														
VITAL RECORI SHOULD BE EX SHOULD BE EX CHIEF MEDIC F. USED AS A B F. TO F. HEALTH J. URAL, CREM	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION WAS	PERFORM	MED?				- 1	20 AU	TOPSY?	
F	1												YE	s 🗆	NO X
OF AFE	3 8	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M		DAY YEAR	21c HOW	INJURY	OCCURRED	LENTER NATUE	E OF INJURY	IN ITEM 18 PA	RT 1 OR PAI	RT 2]		
OR THE OF THE OR	3	UNDERLYING OR CONTRIBUTING CAUSE OF D			19										
VISA BENT PRINCE	MEDICAL	21d. INJURY OCCURRED	21e PLACE (211 LOCAT			617	Y OR TOWN					STATE
MARI ARE ATE 1201	2	WHILE DOT WHILE DAT WORK	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oni, i mani, i	10.)	1	.,		CII	TORTOWN		COL	UNTY		SIAIE
DIVISION OF VITAL RE NUMER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD, "PEI F FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA I CAND, 21201 PRIOR TO BURRAL,		22s. I certify that I taok charge	of the remains des	cribed abo	ove held an	Autopsy		Inspection	X L	nguiry]	in my op	a seign		
NO THAN			al couses .	Accident	. Suic		Hamici		Undetermin	. ,		m my op	ninori		
ERTIES B			MALA	5	1020		TITLE (SP		Onderermin	ied marine					
A DOUGHE		ACTUAL SIGNATURE	IIVV	XA	N	MD.	Assis	stant	MEDICAL	EXAMINE	D	DATE	4/3	30/8	1
SEAT SEAT		1		1			1		_MEDICAL	LAAMINE	. K	SIGINE			
MEN TEN TEN TEN TEN TEN TEN TEN TEN TEN T		(TYPE OR PRINT) Ann	M. Dixon	M.D		ADI	DRESS 1	11 Pen	n Str	eet,	Balt	imor	e, Mr	0. 2	1201
TO MEDICAL EXAMINER: THIS CERTIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ATTER DEATH WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PRIOR TO BI	23a. E	URIAL, CREMATION, REMOVAL 23	b. DATE	23c.	NAME OF CEM				23d. LOCAT			COUN		STA	
BP			5/5/81		MD. NAT	MEM :	PK			rel		COOK		MD	
DHMH - 17	24 1	UNERAL DIRECTOR	ADDRESS					So. DATE REC			156. REGIST	TRAR'S S	IGNATUR		*
(VR A15 ME (5))		W.C. MARCH F/H	1101	E AT	OPTH AVI	7		MAN	1 - 10	001	his	(Aw)	hall	sadio	
15M 2/80				# J 17	West State Ave	1		THE				-			

Self vester for

Laces Laces

FOR

(VRA 15, 4)

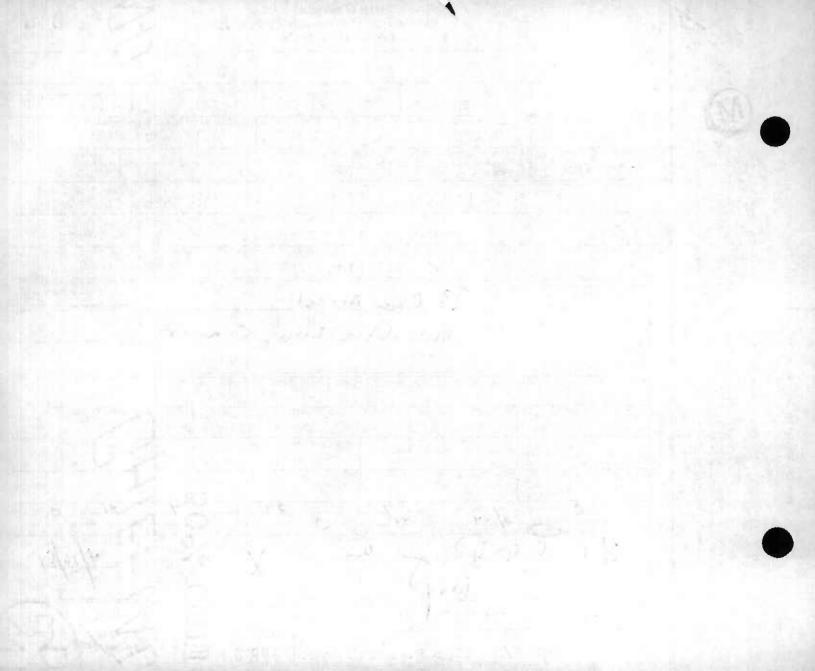
STATE OF MARYLAND

40 Acadies

rapt 1 S n s 2

Mary Brand Callering

	L	- STATE REGISTRAR			CERTI	ICATE OF DEATH	REG.	NO.	0	
be oth		CEASED NAME FIRST EOR PRINT) Melvi	n	O .	Т	aylor	20. DATE OF DEATH April		1981	2b HOUR
(NA)	3 SE	Male	4. RACE	legro	5. DATE		6. AGE (IN YEARS LAST I	BIRTHDAY)	MONTHS DAYS	IF UNDER 24
35	7 a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) MD		WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Balt:			
by the filled with		Baltimore	3830	Cottag	e Av	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND OI INDUSTRY	F BUSINES:
filled in nould be	J⊌SU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE MD	R OTHER INSTITUTION NTY	Baltim		13d. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS	Cottag	ge Ave	
ompletely and 2 st	14 F.	otis	WIDDLE	Taylor	/	15. MOTHER'S MAIDEN NA Cornel	ME			ards
be execu-	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECU 213-26-		Ida M. Ghe		ness ottage	e Ave.	
equires that the death considered by the attending the please remove carboarial, cremation, arrightry, an ather traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((b) DUE TO, O	ONTRIBUTING TO D	Stat NCE OF	\	Cance		/EN IN PART 1:0	
The low rigan. in permit it permit piene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	S, WERE FINDIN	GS USED OF DEATH?
ING PHYSICIAN: r attending physic ther this certificat os the burial-trans lith and Mental Hyg incrked or Item 18 st	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A. P. 21e. PLACE	M. MONTH DA M.	19	216. HOW INJURY OCCURE 216. LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STAT
1 OR ATTENDIN The haspital or Toched for use a Dept. of Health If Hem 21 is ma	H	22a. I certify that (this hospi saw the deceased alive on above, (1) (we) (did word no 22b. SIGNATINE		ofter death. 19 8		, 19 4 d that in (aur) aprinion (DEGREE ATTENDING	12-12-13	date and how		hot ((we)
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott	22- 5	22d. PHYSIC AN'S NAME (THE O		Pary		PHYSICIAN [Director Phys	ICIAN 🗌	14/1	6/8/
12BP	L (BURIAL, CREMATION, REMOVAL SPECIFY Burial UNERAL DIRECTOR	4/21/			emetery or crematory Memorial Pk			COUNTY CO.	STA
DHMH - 16 50M 1/B1 (VRA 15, 4)	29 1	Wm. C. March	F/H	1101 E.	Nor	th Ave. 3P	R 2 0 1981	R 25b. RECONT	RAR'S SIC JATI	Tready



Timest H Campion EDRI , HE JAMEA TOTAL VIEW inity of initons noted Homentalise Cwn Home Baltimore x 4905 Crovaon Avenue Maryland If the Adult Adult I have at the second in t FIEWOH 220 40 9683 Fr. Thomas Tewes, Balto., Md. Cheletine Marine, C.D. thirty and artist acceptant, 4/21/81 Baltimore Cemetery Balto., Ici u Herry W. Jankins & Sons Co. for a minimal of the contract of the ded york Food Balto., Nd. 21212

2		FOR STATE				AENT OF H	EALTH		ENTAL H	YGIE	F 1	1	0 2	9	0
	1. DE	REGISTRAR CEASED NAME E OR PRINT)			MIDDLE	XAMINE	R'S C	ERTIFIC	CATEO	F DEA	20. DATE KNO	TI /	001H DAY	Y YEAR 81	26. HOUR
PY, PIEAS prection western respective	3. SEX	emale	DOR A RACE black	OTHY S. DATE OF BIRTH MONTH 5	C. YE 29	6 AGE (IN YEAR LAST BIRTHDAY 51 YRS	S IF UN		IF UNDER	24 HRS.	DEATH MATE PRONOUNCED DEAD	MO	NTH DAT	19	D M
NECESSAR FUNERAL S FOR WITHIN	la. Bi	RTHPLACE (ST.	MD	76. CITIZEN OF WH	AT COUNT	TRY?		ED NEV	VER MARRI		Baltimore Balti	_			MD.
MD. 21201 H. IF ANY DELAY IS A. 3. RETAIN PAGE 5.2 SHOULD BE FILED JAL RECORDS, 201	Ва	altimo	re	11. NAME OF HOSI (IF NOT IN SUCH FACE 1017 WE	bb C	REET ADDRESS)		ER INSTITUI	ION		JAL OCCUPATION MOST OF WORKING L		ORK 12b. K	CIND OF BU OR INDUSTR	SINESS
RETAIN RETAIN RECORD	130. S	MD	13b. COUN	OR OTHER INSTITUTION, GIV TY	13c. CITY	or town timor		13d. INSIDE CI Yes x	но 🗆		EET ADDRESS 1103 Or	clean	St.		
DEATH IF DEATH IF GES 1, 2, W AND 2 SF		Thomas	S DEVER IN U.S. AR/		nes	Sr.	10		aven		MIDDLE	ODRESS	Kno	X LAST	
TON ST., BALTIMORE, A 24 HOURS AFTER DEATH ITEM 18. GIVE PAGES 1 LONG WITH FORM PW PERMIT. PAGES 1 AND GIENE, DIVISION OF VII	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	217	-24-09		200		W.	Jones			b Ct.	
W. PREST WITHIN WITHIN AINER A AINER A TRANSIT VITAL HY		PARTIDE. 153 Candition gave ris	IMMEDIAT is, if any, which e to immediate stating the <u>under-</u>	DUE TO, OR	rcin as a con	AND (C).) LOMA O SEQUENCE OF		olon					38	TWEEN ONSET	AND DEATH
WITAL RECORDS, 201 W. SHOULD BE EXECUTED WORD "PENDING" IN PENCHER MEDICAL EXAMILE USED AS A BURIAL - IT OF HEALTH AND MENTURIAL, CREMATION, OR	CERTIFICATION	PART 2 OTHER SIG		CONTRIBUTING TO DEATH B		TEO TO THE TERMIN				RT V (a).			20	AUTOPSY?	
DIVISION OF VITAL IN THIS CERTIFICATE SHOULD WRITING THE WORD "PAGE 3 SHOULD BE USED ATATE DEPARTMENT OF HIS 1201 PRIOR TO BURIAL,		UNDERLYING CONTRIBUTION	NG CAUSE OF E		MONTH	19			OCCURRE	D LENTER !	NATURE OF INJURY IN	NITEM 18 PART 1	OR PART 2)	YES .	NOXX
DIVIS BI THIS CERITING TE, WRITING RWARDED I: PAGE 3 SI STATE DEP.	MEDICAL	21d. INJURY O WHILE AT WORK		21e PLACE C STREET, FACTO	OF INJURY ORY, FARM, ET	(AT HOME, C.)		CATION			CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STILL AND		220 I certif death resulte ACTUAL SIGNATURE_	,	ral causes XX	eribed abav		Autap	, Hamic	PECIFY)	Undet	ermined manner		ATE	4-7-	81
O MEDIC XECUTE T AGE 4 SI O FUNER SALTIMOR	22.5	(TITE OK PKII	****	arita A.				ADDRESS_			n Stre	et			
BP	(:	URIAL, CREMAT SPECIFY) Bur: UNERAL DIREC		4/10/81		t. Ca		су Се	em .	B	APCIMO		COTY R'S SIG!		MD
DHMH-17 (VRA15 ME (5)) 15M 2/80			March	F/H 1º1°C	1 E.	Nort	h A		ÂP		8 1981	100	y A	Bland	7

1301 30 344

		FOR - STATE		DEPART	MENT OF HEAL		HYGIENE				
9	1 DE	REGISTRAR CEASED NAME FIRST	ALIE	DDLF	CERTIFICA	TE OF DEATH	10.5	REG. NO			
		E OR PRINT)			27.3		2a D/	ATE OF DEATH	MONTH E	DAY YEAR	26 HOU
	3. SE	<u> </u>	IZABETH	1 C.	THOM 5. DATE OF BI			pril 29,	1981		6
	J. JE	^ Female	White		MONTH	21. 1887		E (IN YEARS LAST BIRT	^	WONTHS DAYS	HOURS
1.1	imB	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	-	9 BAI	TIMORE CITY OF	YRS COUNTY	OF DEATH	
B		Maryland	US	SA	MARRIED WIDOWED	NEVER MARRIED MORCED		Baltimo			
	10. €	ITY OR TOWN OF DEATH		SPITAL, NURSIN	G HOME OR O	THER INSTITUTION	12a U	SUAL OCCUPATION	N	12b. KIND	OF BUSINE
6/0		Baltimore	Long	Green	Nursino	Centre		of work for most of lomemal			n Ho
og pe	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION GI	VE RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS	S? 13e. ST	REET ADDRESS			1, 1
10		Maryland		Baltimo	100	s 🛪 NO 🗆	11	6 W. U	Iniver	sity F	Pkwy
) E	14. FA	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN		MIDDLE		T (A	vel.
> 3/4	14- 1	Joseph	Myron	Cockr			abeth	40000		Read	d
edico			GIVE WAR OR DATES)	66 SOCIAL SECU		INFORMANT	-	ADDRES			
8 /		NO III CAUSE OF DEATH (Enter		215 07 8		ames W	. Boy	d, Falls	ston,		land
4		gove rise to immediate	DUE TO, OR	A CONSIDER	NCE OF 4	-	2	1	1	0,	7
any injury, or other	CATION	PART 2. OTHER SIGNIFICAN THE DATE OF OPERATION	IT CONDITIONS CON	ブーフ	MAIN OF NOT			SEASE OR COND	20s. IF YES.	. WERE FINIDI	INGS USED
hows any injury, as other	THECATION	part 2. OTHER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO	MAIN OF NOT		79e.		19s IF YES, IN CERTIF	EN IN PART 1	INGS USED
18 shows przy mjury, ar ather	. CERTIFICATION	PART 2. OTHER SIGNIFICAN PART 3. OTHER SIGN	T CONDITIONS CON	TRIBUTING TO	DEATH OF NOT		29e. VE5	AUTOPSYT	20s IF YES, IN CERTIFY YES	, WERE FINDS YING CAUSES	INGS USER
lem 18 shows any injury, as other	P.Ornin	PART 2. OTHER SIGNIFICAN 19s. DATE OF OPERATION 21s. ACCIONI WAS UNDERLING OF CONTRIBUTION (If EITER, NOTIFY INDEX A SAME	T CONDITIONS CON 1% CONDITION 1% CONDITION	ON FOR WHICH NIURY MONTH DA	OPERATION WAY YEAR 19	AS PERFORMED HOW INJURY OC	29e. VE5	AUTOPSYT	20s IF YES, IN CERTIFY YES	, WERE FINDS YING CAUSES	INGS USER
of or tern 18 shows tray thirty, or other	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19s. DATE OF OPERATION 71s. ACCIONI WAS UNDERLING OF CONTRIBUTING CALIFOR (# EFFER ACTS INDICALIZAME 71s. INJURY OCCURRED	TO CONDITIONS CON THE CONDITIONS CONDITIONS CON THE CONDITIONS CON THE CONDITIONS CONDITIONS CON THE CONDITIONS CON THE CONDITIONS CONDITIONS CON THE CONDITIONS	ON FOR WHICH NIURY MONTH DA	OPERATION WAY YEAR 19	AS PERFORMED	29e. VE5	AUTOPSYT	200. IF YES, IN CERTIFY YES	, WERE FINDS YING CAUSES	INGS USEI S OF DEAT
29	P.Ornin	PART 2: OTHER SIGNIFICAN PART 2: OTHER SIGNIFICAN PART 3: OTHER SIGNIFICAN PART 3: OTHER SIGNIFICAN PART 4: OTHER SIGNIFICAN PART 5: OTHER SIGNIFICAN PART 6: OTHER SIGNIFICAN PART 6: OTHER SIGNIFICAN PART 7: OTHER SIGNIFICAN PART 7: OTHER SIGNIFICAN PART 7: OTHER SIGNIFICAN PART 7: OTHER SIGNIFICAN PART 8: OTHER SIGNIFICAN PART 7: OTHER SIGN	TOURDITIONS CONDITIONS	ON FOR WHICH NURY MONTH DA INJURY	OPERATION WAY YEAR 19	AS PERFORMED HOW INJURY OCI	29e. VE5	AUTOPSYT	200. IF YES, IN CERTIFY YES	WERE FINDS YING CAUSE TO THE TOP SHIP IS	INGS USE S OF DEA NO
) is marked or from 18 shows any mury, ar other	P.Ornin	PART 2: OTHER SIGNIFICAN PART 3: OTHER SIGNIFICAN PART 3: OTHER SIGNIFICAN PART 4: OTHER SIGN	T CONDITIONS CON 196 CONDITIONS CON 197 CONDITIONS CON 197 CONDITIONS CON 198 COND	ON FOR WHICH NURY MONTH DA	OPERATION WAY YEAR 19 701	AS PERFORMED HOW INJURY OCI LOCATION SHEET	CURRED (I)	AUTOPSYT	IN CERTIFY YES POSTER 10 PA	WERE FINDING CAUSE:	NGS USE S OF DEA NO [
em 21 is marked or Item 18 shows any alyany, an other	P.Ornin	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGN	T CONDITIONS CON IVE CONDITION THE	ON FOR WHICH NJURY MONTH DA INJURY FACTOR, OFFICE IS deceased from	OPERATION W. VY YEAR 19 711 And the	AS PERFORMED HOW INJURY OCI LOCATION STREET 19 LOCATION 10 LOCATION	29e. VE5	AUTOPSYT	IN CERTIFY YES POSTER 10 PA	COUNTY	NGS USES OF DEAL NO [
if bein 21 is marked or from 18 shows any mistry, as other	P.Ornin	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19s. DATE OF OPERATION The ACCIONI WAS UNDERLINED OF CONTINUEDS OF CAUSE OF (# EDIER, NOTE I INDICAL SAME 114. INJURY OCCURRED WHILE A WICK. 176. I certify that (I) (this high saw, the deceased dive.	T CONDITIONS CON IVE CONDITION THE	ON FOR WHICH NJURY MONTH DA INJURY FACTOR, OFFICE IS deceased from	OPERATION WAY YEAR 19 701	AS PERFORMED HOW INJURY OCH LOCATION SHEET 10 L HOWING (Company) (Company) REE ATTENDING	29e VES CURRED (IN	AUTOPSYT NO [X CITY OF TOW CUTY OF TOW CONTROL STAFF	100 E YES IN CERTIFY YES SHIPLE IN CARD	COUNTY	NGS USER S OF DEAT NO
f. If bein 21 is marked or fem. 1	P.Ornin	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGN	TO CONDITIONS CON IVE CONDITIONS THE CONDITIONS THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE PLACE OF (AT INCOME, STREET) THE CONDITION THE CONDITI	ON FOR WHICH NJURY MONTH DA INJURY FACTOR, OFFICE IS deceased from	OPERATION W. VY YEAR 19 211 211 211 211 211 211 211	AS PERFORMED HOW INJURY OCI LOCATION STREET 19 L or inf(my) (Graphing)	29e VES CURRED (IN	AUTOPSYT NO X CITY OF FERM CUTY OF FERM COURTED A The dot	100 E YES IN CERTIFY YES SHIPLE IN CARD	COUNTY	NO C
PORTANT, if them 23 is marked or flem 18 shows any injury, ar other	P.Ornin	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGN	TECHNOITIONS CON THE CONDITIONS CON THE PLACE OF THE CONDITIONS CONDITIONS CONTENTS THE CONTENTS THE CONDITIONS CONTENTS THE CONTENTS	ON FOR WHICH NURY MONTH DA INJURY LACTOR OFFICE IS deceased from 19	OPERATION WAY YEAR 19 711 And the OPERATION WAY	AS PERFORMED HOW INJURY OCI LOCATION SHEEL 10 ATTENDING PHYSICIAN KDDRESS	CURRED (In mian death of the DIRECT NET)	AUTOPSYT NO X CITY OF TOW CITY OF TOW	100 E YES IN CERTIFY YES SOITEN 10 FA	COUNTY COUNTY COUNTY COUNTY	NO C
f. If them 21 is marked or them 1	WEDICAL WEDICAL	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19s. DATE OF OPERATION 71s. ACCIDENT WAS UNDERLINED OF CONTRIBUTING CAUSE OF (IS EDITED AS EXAMINATED	TECHNOITIONS CONDITIONS CONDITION	ON FOR WHICH NJURY MONTH DA INJURY LACTOR OFFICE IS Secrepted from 19 19 10 10 10 10 10 10 10 10	OPERATION W. VY YEAR 19 711 And the DECR	AS PERFORMED HOW INJURY OCI LOCATION SHEEL 10 ATTENDING PHYSICIAN KDDRESS	CURRED (III	AUTOPSYT NO[X CITY OF TOWN CITY OF TOWN CONTROL STAFF CTOR PHYSICL St., Ball LOCATION	100 E YES IN CERTIFY YES SOITEN 10 FA	COUNTY	NO C
f. If them 21 is marked or them 1	WEDICAL WEDICAL	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN The DATE OF OPERATION The DATE OF OPERATION The DATE OF OPERATION The DATE OF OPERATION OF CONTRIBUTION CAUSE OF (IS USING NOTE) AND CAUSE OF (IS USING NOTE) THE PHYSICIAN'S NAME (THE DR. SIGNATURE) THE PHYSICIAN'S NAME (THE DR. SIGNATURE) THE PHYSICIAN'S NAME (THE DR. SIGNATURE)	TECHNOITIONS CONDITIONS CONDITION	ON FOR WHICH NJURY MONTH DA INJURY LACTOR, OFFICE FO	OPERATION W. VY YEAR 19 711 And the DECR	AS PERFORMED HOW INJURY OCI LOCATION STREET ATTENDING PHYSICIAN RDDRESS 11 W. 2 TERY OR CREMATO	CURRED (III	CONTROL STAFF	100 E YES IN CERTIFY YES SOITEN 10 FA	COUNTY On The Date Mile County On The Date Mile County On The Date Mile County Mile Count	NO DATE OF THE PROPERTY OF T

- Litasett S. Hokes Nertlike, teat & A White Last St. 1 St. and addition ic il Baltimore | Long Grean Numbing Cartina | Inamemakan | Cwn Fami Baltimore x a.m. University Playv. Joseph Eller Codmill Elitateth Feat No lings on appt James W. Boyd, Fallston, Maryland Tempedente (126) - 1270 Way Dr. Norman J. Freeman, M.D. 11 W. Esth St., Dallor, Wd. 5 2/81 Green Waynt Balto., m Eurisi Hanny W. Jankins & Sons Co. 4805 York Road Ealto., Md. 21818 RPR 31 231 Miles Comme

THE STORY LANGE

PARTIES ST. AGUES HOSPITAL

ufled and the state of the stat

Strong and wife Mane Will artyr Case I Strong and American Strong

Britis .W .Otion

estales . Fr. 186 age tribs

City and the second disagraph to the

George A. Weber & Sons Inc .- 705 S. Ann St.

(VRA 15, 4)

March Service Services on the Control of the Contro The Art of the Control of the Contro

5	1.	FOR STATE REGISTRAR				EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0.	0 2	9 4
y be oth		CEASED NAME E OR PRINT)	Amnos	MIDDLE	Thomas	ast ass	20. DATE OF DEATH	MONTH DAY	YEAR 8	26. HOUR 730 PM
age 4 moy	3 SE	male	4. RAC	Black	5. DATE C	PAY - 13	6. AGE (IN YEARS LAST BIR	7 YRS. MON		IF UNDER 2# HRS
deoth. Po	S	COUNTRY CALLUT	ina Un	vited Sta	48 WIDOWE	D DIVORCED	150Himo	Re C	119	MD
ors ofter by the tiled will be to the tiled will be	1	Salto,	Th	NOT IN SUCH FACILITY OF	SIVE STREET ADDRESS	OCK TRALMA	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESSOR
in 24 hou filled in hould be	130)	ud.	136 COUNTY		ORTOWN	13d. INSIDE CITY LIMITS? YES 🖳 NO 🗌	322. GRA	intley	5t.	
ompletely ond 2 s		MATHER'S NAME FIRST	FIN U'S		LAST	15. MOTHER'S MAIDEN N	WIDOLE	0	Fear	et.
be execu		WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMED FO (IF YES, GIVE WAR O		18-5394	BILL THE	MARKAN 35	2 GRA	NYUE	y St.
g physicis on poper removol.		PART I. DEATH W	H (Enter only one AS CAUSED BY: IMMEDIATE CAU	CAL	2010 Roop	instory see	est_		APPROXIM. BETWEEN ON	ATE INTERVAL USET AND DEATH
deoth ce ottendin ove corb stion, or roumotic		Conditions, if ony,	which		bhoemin	7				
that the d by the ease rem ol, cremo		couse (o), stotin underlying couse	g the D	UE TO, OR AS A CO	ONSEQUENCE OF	rol homate	Mr_ Alcoh	olism -		
requires en signe Er to buri	NOIL	PART 2. OTHER SIGN	es MEL	withs -	Arten	NOT RELATED TO THE TER	siin -	A TOU		
The low ricion. Ite hos been sit permit. Giene prio	CERTIFICATION	3/21/8	/	Ripru C		NWAS PERFORMED Lemptomp	1.00	706. IF YES, W IN CERTIFYIN YES [IG CAUSES C	SS USED OF DEATH? NO []
SICIAN: ng phys certifico riol-troi entol Hy lfem 18	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	b. TIME OF INJURY HOUR A.M. MON	21 198			1	1 OR PART 2)	
NG PHY ottendia frer this os the but th and M	MED	21d INJURY OCCURR	ILE DE	e. PLACE OF INJUR' IT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC)	322 GRA	antley ST -	BICHO	County	MESTATE
ATTENDI spitol or CTOR: A d for use . of Heal		220.1 certify that (I) sow the decease above, (I) (we) (a	ed olive on	tended the decease 46 the body ofter deat	19 8/	3 3 , 19 8 / 19 8 / 19 19 19 19 19 19 19 19 19 19 19 19 19	n death accurred on the d	ote and hour or		ouses stoted
ral OR A yy the hos Xal DIREC detoched onte Dept.		226 SIGNATURE	otero			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAND	220. DAJE/S 4/6	B/
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NA	30th	n -		220 ADDRESS Sniv	of Md H	10011	re	
3 BP	23a	BURIAL, CREMATION,	REMOVAL 23b.	DATE /5/1		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	en la s	T. C.	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	2905	6383	ADDESS / TOTAL	1 N J 250 AF	REC'DOBY REGISTRAR	25b. 000	STATE OF THE PARTY OF	7

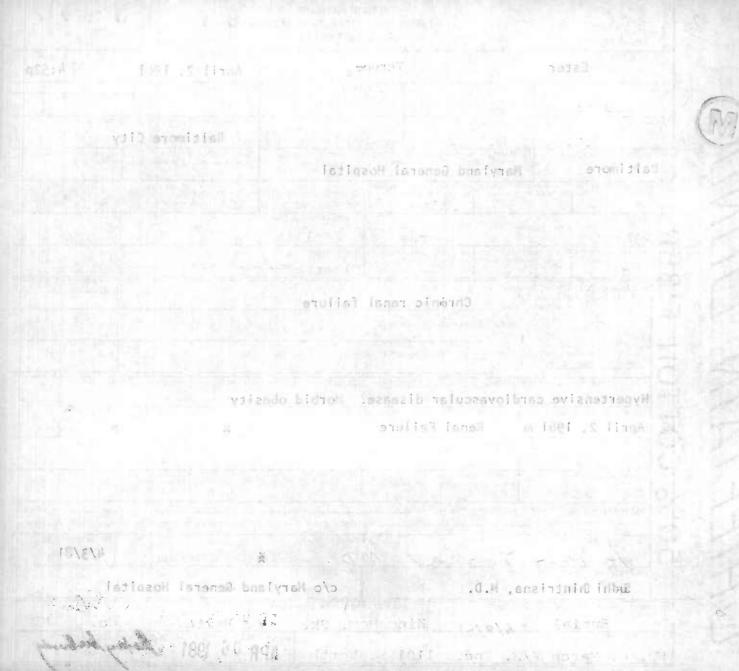
market a street Titale Vakuk Loke K 2/35/6 ENSWER ST. Lime of the standard of the standard of the The state of the second The world I TRUE I HAM

	3	1-	FOR STATE				DEPARTMEN		H AND M	ENTALH				1 0	2	9	5
		1. DE	REGISTRAR CEASED NAM	E FIRST	12:		MIDDLE A	MINER'S	CERTIFI	CATEC		TH 20. DATE	REG.		TH DAY	YEAR	126 HOUR
	SKEET.		E OR PRINT)	Richa			Allen	The	ompsor	1		OF	ESTI- MATED	4	26	1981	A
	THE SECOND	3. SEX	nite	Male Male	Fe C	e of Birth	1952	SE (IN YEARS IF UI		IF UNDER HOURS	24 HRS.	2c. DATE PRONOUN DEAD	NCED	4	26	YEAR 1981	12:02 A. A.
	S CONTRACTOR OF THE CONTRACTOR	70 B	RTHPLACE IS PREIGN COUNTRY Card	lina	7b. CIT	U.S	A .	8. MARE	RIED NE	EVER MARR	IED V			e Cit			AAT
	EATH. IF ANY DELAY IS NEEDS 1, 2, AND 3 TO THE FULL APPA 3. RETAIN PAGE 5 AND 2 SHOULD BE FILED FALLED FOR THE PROPERTY OF T	В	ity or fown	е	Uni	versi:	PITAL, NURSING CILITY, GIVE STREET A TY HOSPI	tal	HER INSTITU	NOITU		ahag		(TYPE OF WOR	ACC	PIND OF BU	ec.
. 21201	AND 3 AND 3 RETAIN SHOULD	13c. S	AL RESIDENCE TATE Maryla	and Ho	Ward		VE RESIDENCE BEFORE 13c. CITY OR TO COlum	OWN	13d. INSIDE	NO 🗆	93	EET ADDRE		tado	r Rd		
RE, MD	DEATH.		Richa Richa	ard	M MIDDLE		Thomps		Joa				MIDDLE 4 O	Pe Os W.	erki		
BALTIMORE,	URS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OFWITA	16g \	VAS DECEASE	DEVER IN U.S. AI	rmed for		166. SOCIAL S 409-9	4-4921		inn P				hnsor			enn.
	24 HOURS INEW 18. C LONG WII PERMIT. P GIENE, DIN		18. CAUSE C PART I DE	F DEATH (Enter of ATH WAS CAUS)	ED BY: ATE CAUS	E (a) M	ultiple	Injurie	s						BET	PPROXIMATE WEEN ONSET	INTERVAL I AND DEATH
201 W. PRESTON ST.,	CIL IN IT CIL IN IT NER ALC ANSIT P AL HYG	>		ns, if ony, which se to immediat	h	(b)	AS A CONSEQU	JENCE OF						100			
201 W.	LUTED W IN PEN EXAMII RIAL - TR D MENT ON, OR		couse (o) lying cau	stating the <u>under</u>	<u>r</u> .) [(c)	AS A CONSEQU	JENCE OF									
CORDS	BE EXECUTION OF THE PROPERTY O	No	PART 2 OTNER SI	GNIFICANT CONDITION	(ONTRIBUT	ING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITIO	DN GIVEN IN PA	RT 1 (g).						
ITAL RE	HOULD ORD "PEI CHIEF M CHIEF M OF HEA OF HEAL	IFICATI	19a. DATE OF	OPERATION		196 CONDI	TION FOR WHIC	H OPERATION V	VAS PERFOI	RMED?					-	AUTOPSY?	NO [
DIVISION OF VITAL RECORDS,	THE WOOLD BE COULD BE CALLED BE CALL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR OG CAUSE OF		10:50	MONTH DAY	YEAR dr		y occurre of aut					PART 2)		
DIVISIO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO PUNEMAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDIC	21d. INJURY C	CCURRED		STREET, FACT	OF INJURY (AT I	HOME, WHO	cation Lakey nile E	Botto East o	m Rd	• CITY OR TO	WN	How	county	M	STATE
	FICATE, TE FORW TOR: P.		22a I certi	fy that I take char	rge of the	1777	cribed abave, he	don Auto	osy XX,	Inspectio		Inquiry		and in my	opinion		
•	HE CERTION OULD BOULD BUT DIRECTION OULD BUT DIRECTION OUT BUT DIR		ACTUAL SIGNATURE	41	501	1.1	7)3	must.	Depu	SPEC(FY)	ef	ICAL EX AA		DAI	TE 4	/26/8	31
	MEDIC ECUTE THE GE 4 SH FUNER TER DEA		EXAMINER'S (TYPE OR PRI	NAMEThoma	s D.	Smi+	n, M.D.		ADDRESS	111 P						Md.2	1201
	Bb Bb Bb			TION, REMOVAL		9/81	Wash	OF CEMETERY CO. IV	R CREMAT								
	DHMH - 17 (VR A 15 ME (5))		LANGE	Barnes ng Fune		ADDRESS		21018		25e. DATE	REC'D. BY			TRAR	S SIGNAT	UDF Grad	,
	15M 2/80		T TemTI	18 I UITE	1 dl	DET A	TOE D	cupou,	Mu.	LAP	N. C.	100	1				



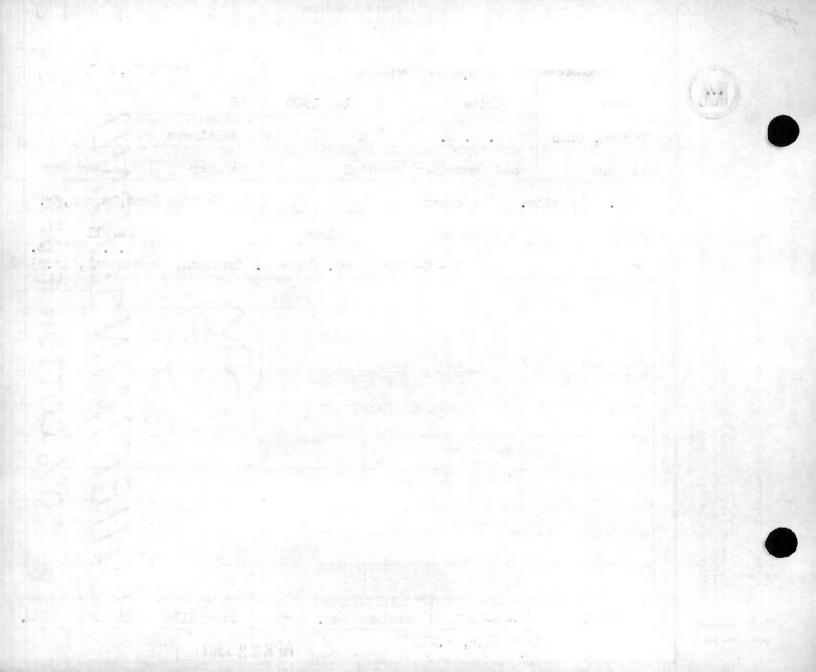
4	1.	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE & A	102	9 6
15.000		OR 00 to 10	FIRST	WIDDLE	LAST	28. DATE OF DEATH		26 HOUR
N. Carl	L		7IOLA	Ε.	THOMPSON	APRIL 01	•	10:30A1
	3. SE	x female	4 RACE B	lack	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEA MONTHS DAYS	
A 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Wa	RTHPLACE (STATE OR FORI	D.C.	EN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED K DIVORCED	9. BALTIMORE CITY C	CITY	MD.
10	7	ITY OR TOWN OF DEATH			ADDRESS HOSPITAL	12a. USUAL OCCUPAT		OF BUSINESS OR
24 hours	13a		home or other inst b. COUNTY	136 CITY OR TOW Balto.		13e. STREET ADDRESS 2810 Wind	dsor Ave.	
1 1300	-	v. Bradle	y T. J	lohnson	15. MOTHER'S MAIDEN N	E. Crocket	i.	AST
IMORE,	16a \	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FOR IF YES, GIVE WAR OR D	DATES	rityno. 17 informant -817A Geraldine	ADDRE	SS	ord Ave.
ires that the deoth certil and by the other contains in please remove contains buriol, cremotion, or reserve, or other troumotics		Conditions, if ony, we gove rise to immed couse (o), stoting underlying cause	MEDIATE CAUSE DUE which fiote the lost	TO, OR AS A CONSEQUE (b) WR TO, TO, OR AS A CONSEQUE (c)	Talle Cance	MINAL DISEASE OR CON	DITION GIVEN IN PART I	Ro
ow requirements in the prior to sony injury	CERTIFICATION	190. DATE OF OPERATIO	M 196	etastaticondition for which	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
DIVISION OF VITAL R ING PHYSICIAN. The I of the rhis certificide ho os the buriel-tronsit per th ond Mentol Hygiene orked or frem 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	SE OF DEATH HO	TIME OF INJURY JUR A.M. MONTH D. P.M. PLACE OF INJURY	AY YEAR 19 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		-
DIVISION OF PLOT OF THE PROPERTY OF THE PROPER	WE	WHILE NOT WHILE AT WORK	(AT H	OME, STREET, FACTORY, OFFICE, F		city or to		, that (I) (we) lost
AL OR ATTENI 7, the hospitol AL DIRECTOR, detoched for us ofe Dept. of He		sow the deceosed obove, (1) (we) (did)			DEGREE ATTENDING PHYSICIAN	, 10	ote and hour and from th	
TO HOSPITAL (retained by the retained by the should be detail with the Stote E IMPORTANT: If		22d. PHYSICIAN'S NAMI	11	Ellenboger	220 ADDRESS Johns	Hopkius	Hoopita1	
D 0 F 2 3 3		SURIAL, CREMATION, REA	MOVAL 23b DA	ATE 23c P	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
<47BP		Burlal	4/	4/81 A1	butus Mem. Pk	Arbutus	Md	W. P. I.
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR	ett & S	on 4600 PRESP	nerty Height	ATE REC'D. BY REGISTRAR	25b High TRAR'S SIGNA	URE

THE BUT IN A SECOND SEC CHICA DE DESTRUCTOR DE LA CONTRACTOR DE vanasari Isa resident T villant.va. Stocking to a continuous service of the continuous services and the continuous services are continuous services are continuous services and the continuous services are co The state of the s Laras , which is the large to the contract of the contract of



and which is the second of the second second and the second secon A THE SECOND STREET OF SECOND . 바일 3대 전 보통이 다른 전기 함께 보는 그는 등 바일 (-) 다른 The Mary 1987 . on a separate of the contract of the contract

188 SS 99A



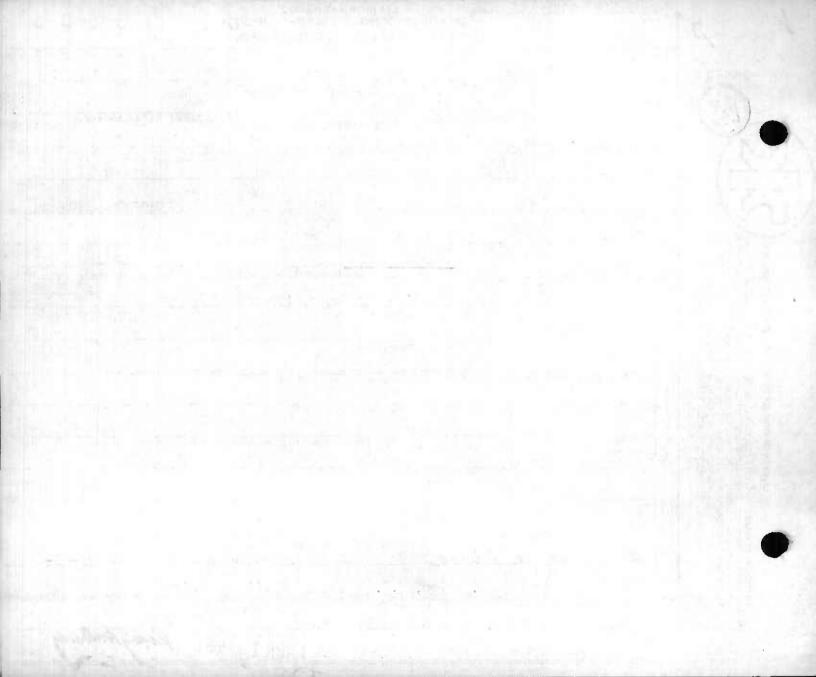
(TYPE OR PRINT)	3 (1)
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-	
OF ESTI-	DAY YEAR 25. HOUR
Gloria Jean Timmons DEATH MATED 4	3 1981 M
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 28 HOUR
Female Black 9 23 59 21 YRS. DEAD 4	3 1981 0:02
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED \$\square\$ 9. BALTIMORE CITY OR COUNTRY	OF DEATH
S.C. U.S.A. WIDOWED DIVORCED Baltimore City	MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE)	b. KIND OF BUSINESS OR INDUSTRY
Baltimore 851 George Street-Apt. 5D	
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 138. STREET ADDRESS	
	Apt. 5D
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
McKinley Timmons Bessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	Lacy
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	- C+ /1 ATZ
	ge St. (14K
18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Multiple Stab Wounds (Due To, or as a consequence of	
Canditions, if any, which	
gave rise to immediate (b)	
lying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
NO.	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	YES XX NO 🗆
	9
CONTRIBUTING CAUSE OF DEATH ? XXXX 4 3 19 81 SUDJECT WAS STADDED	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET GITY OR TOWN COUNT STREET FACTORY, FARM, ETC.) STREET STREET GITY OR TOWN COUNT STREET FACTORY, FARM, ETC.)	
Home Tost occide 31,741. 20,001 Hillore.	Maryland
VVI	ion
27a I certify that I taak charge of the remains described above, held on Autapsy XX, Inspection , Inquiry , and in my apini	
death resulted fram: Natural causes	
death resulted fram: Not fral causes	4 7 01
death resulted fram: Natural causes	4-3-81
death resulted fram: Notifical causes	4-3-81
death resulted fram: Notifical causes	4
death resulted fram: aNatural causes	4
death resulted fram: Notifical causes	STAIF



1/		FOR			OF MARYLAND ALTH AND MENTAL I	TYGIENE I	0 3 0 2
A		STATE REGISTRAR			S CERTIFICATE		0 0 0 4
	1. DEC	EASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN XX	
20.00 E	(TYPI	Faw	n	Lin	Titus	OF ESTI-	1 1 2781
A SE	3. SEX		5. DATE OF BIRTH	6 AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
OUR FILES. YOUR FILES. Y72 HOURS TON STREET,	Fe	emale White	03 06	YEAR LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS	MIN' PRONOUNCED DEAD	4 27 1981 6:05
A. AND STOTHE PURKENESS S. REFAIN PAGE 5 FOR YOU S. SHOULD BE FILED, WITHING ALECORDS, 201 W. PRESTOTH ALECORDS, 201 W. PRESTOTH ALECORDS STOTH ALECORDS	Za. BII	RTHPLACE (STATE OR	76. CITIZEN OF WH	LAT COLL TERMS	MARRIED NEVER MARR	9. BALTIMORE CITY O	OR COUNTY OF DEATH
25875		reign country) aryland	U.S.A.		IDOWED DIVORG		- City
e se		TY OR TOWN OF DEATH	NAME OF HOS	PITAL, NURSING HOME, O		120. USUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSINESS
E85/	E	Baltimore		cility, give street address)	losnitals	FOR MOST OF WORKING LIFE!	OR INDUSTRY N/A
B G	USUA	L RESIDENCE (IF IN NURS	AE OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION)			I IV/A
255	130 S1	ryland	UNTY	Baltimore	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	Avenue, 21224
7		THER'S NAME		1 Daltimore	15. MOTHER'S MAID		Avenue, 21224
UC		FIRST	MIDDLE	LAST			LAST
1	16a. W	David /AS DECEASED EVER IN U.S.	ARMED FORCES?	Titus	Donn D. 17. INFORMANT	ADDRESS	Williams
1	(YE	S. NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				
1		N/A	1	None	David Tit	us 1121 Steelto	n Avenue, 21224
i i		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	SED BY		0 11 6 1		BETWEEN ONSET AND DEATH
r Permit. Page 'Giene, Divisio DVAL.		MGG A IMMED	IATE CAUSE (o)	AS A CONSEQUENCE OF	Death Syndro	ome	
2.3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, whi		AS A CONSEQUENCE OF			
RRE	-	gove rise to immedia	ote (b)				
0		couse (a) stating the <u>und</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF			
ě			(c)				
EWA	Z	PART 2 OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TERMINAL	DISEASE DR CONDITION GIVEN IN PA	RT 1 ·al.	
\$ 5 m	ATIO	190. DATE OF OPERATION	19h CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
RIA /	CERTIFICATION	in the little of					
-	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c HOW INJURY OCCUPER	D LENTER NATURE OF INJURY IN ITEM 18 F	YES XX NO
3		UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	- I I I I I I I I I I I I I I I I I I I	D (S. TISH TANDES OF HAJORI HA HEW 18 P	
S.	MEDICAL	CONTRIBUTING CAUSE C			II LOCATION		
	ME	WHILE NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK					
-		220. I certify that I took ch	orge of the remains desc	cribed obove, held on	Au. apsy . Inspectio	n , Inquiry , on	d in my opinion
BALTIMORE, MARYLAND, 2		deoth resulted from: No	itural causes XX,	Accident , Suicid	Homicide .	Undetermined monner .	
į		1		A UN	TITLE (SPECIFY)		
		ACTUAL SIGNATURE	allone	the my	Man Assistant	MEDICAL EXAMINER	DATE SIGNED 4-27-81
5 6	-		0	5 5 5 5	S COLUMN		
0		EXAMINER'S NAME (TYPE OR PRINT) M	argarita A.	Korell, M.D	ADDRESS	III Penn Stree	at
		JRIAL, CREMATION, REMOVA	123h DATE	23c. NAME OF CEMET	ERY OR CREMATORY	238 LOCATION	
	730. BL	DECIEVI	L ZSB. DAIL				COUNTY
മ്	(5	Burial	04-28-81	Loudon	Park	Baltimore Ci	ty Maryland
Ď.	(5	PECIFY)		Loudon			

Participated and any or of the participation of the first The first manual control of the second of th

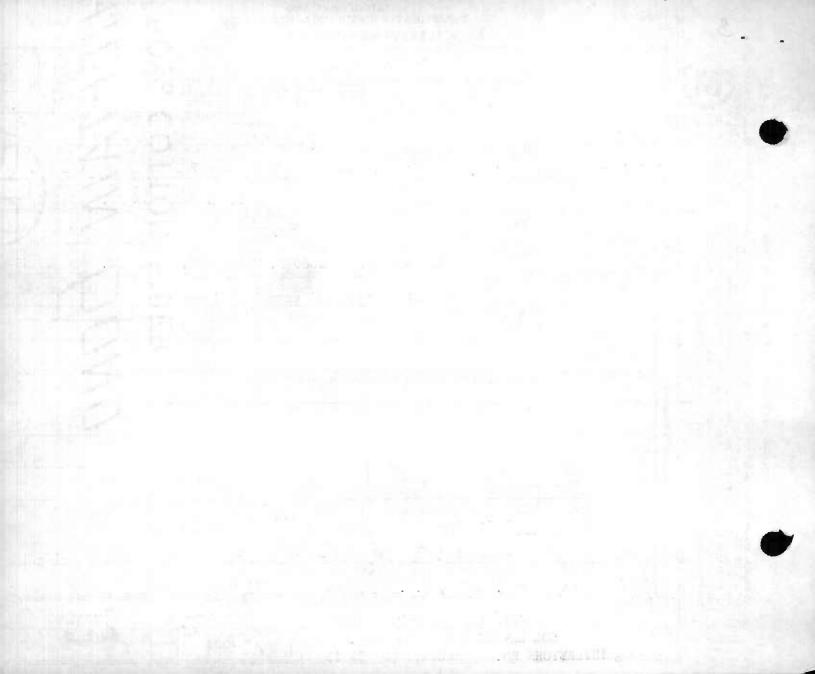
DEPARTMENT OF HEALTH AND MENTAL HYGIGAE MEDICAL EXAMINES'S CERTIFICATE OF DEATH FIG. NO. THE CERTIFICATE OF DEATH RIC NO. THE CASE SIGNAME RIC NO. RICHARD WILLIAM TOYOF RICHARD TOYOF TOY	1,	1		b #G554	4/24/81 p	h			ARYLAN					-0	-2	113	2
DECENSION DATE: DATE CHOWN SOUTH STATE STATE	6	1	- STATE								-		1	U	0	0	3
Richard Richard Richa	7	17		E FIRST	ME		EXAMIN			AIEC	JE DEF						
3.5 S. BACE BACE SOME PORT A AGE INTER FUNDER 1/R DATE D												Or	F211-		DAY	YEAR	26 HOUR
Male Black 5 1 41 39 vss. Male Black 5 1 41 39 vss. Social Socia	ELES PAR	0.0	rv			Wi							MATED L				M
Male Black 5 1 41 39 455 MARRED ST. NEVER NARRED ST. NEV	25.55				MONTH DAY		LAST BIRTHDA					PRONOUN	CED	MONTH	UAT	TEAR	
TOTAL COUNTY M.	(9555)							5.				DEAD	-	4	_		a M
Baltimore State Properties S	HE SEE				100		URY?				_			_		EAIH	
The control of the	五年 3000	2 10	CITY OR TOWN				24.011.314.34									UD OF BUI	MD.
The content of the	SOLET PAGE	30			(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)		EK INSTITUT	IION				PE OF WORK	OF	NDUSTI	SA
The control of the	DS BE	Lis															
The content of the	ZOR ZE					13c. CITY	ORTOWN			TY LIMITS?				1966			
The control of the	S A A S S S	2				L F	Balto.						Wren	wood	Av	e.	
The control of the	M. TH. 2	14.	FIRST		MIDOLE				FI	RST		MI	000			LAST	
The control of the	AN A	<u> </u>				-		110			ce '	loyer		-			
1	TIM TER TER TOR TOR	1 100	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	214	-40-94	13								150	
PART I DEATH WAS CAUSED BY. OUT TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) Internal Control of Con	S AN GIV FITH PAC IVIS	-				241		415	Gra	ce P	alme	er To	yer	470			
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Conditions, if o	ST., OUR S W MIT.	1	PART I D	CATHLANAE CALICE	D DV					-,	0.				BETV	PPROXIMATE	AND DEATH
VEX. Part	ON THE PER PER VAL		WA	MMEDIA					<u>ovasci</u>	ular	Dise	ase			-		
VEX. Part	REST FIN HYTHY EMO		Conditio	ns, if any, which		AS A COI	43EOOENCE C	/r									
VEX. Part	WIT WIT WE IN THE PROPERTY OF	-			< ,	AS A CON	ISEMIJENICE C	ve.							-		
VEX. Part	N, O WEN OF W				DOE 10, OK	AS A COI	ASECHOEINCE C	r									
VEX. Part	S. 1 G. 1 G. 1 G. 1 G. 1 G. 1 G. 1 G. 1 G		PART 2 OTHER S	IGNIFICANT CONDITIONS		BUT NOT REL	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	CIVEN IN 84	OT 1 (a)				_		
VEX. Part	OR EE	Z			COMMODITION TO GENTIL	DOT HOT KEEP	CIEC TO THE TERM	HAL DISEASE	OK CONDITION	T VIVEN IN FA	IN I (U)						
VEX. Part	PEN	1	19a DATE OF	OPERATION	19b. CONDI	ION FOR	WHICH OPER	ATION W.	AS PERFOR/	MED?					20. A	UTOPSY?	
ACTUAL SIGNATURE SIGNED 4-11-81 EXAMINER'S NAME (TYPE OR PRINT) DHMH-17 (VRA15 ME(5)) WM C March F/H ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BP DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5))	TAL HER USE POFIN														100		4 2 4
ACTUAL SIGNATURE SIGNED 4-11-81 EXAMINER'S NAME (TYPE OR PRINT) DHMH-17 (VRA15 ME(5)) WM C March F/H ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BP DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5))	WO WE ENTERNIE	5	21a EXTERN	AL CAUSE WAS				21c. HC	W INJURY	OCCURRE	D (ENTER	NATURE OF INJ	URY IN ITEM 16	PART I OR PA			110 00
ACTUAL SIGNATURE SIGNED 4-11-81 EXAMINER'S NAME (TYPE OR PRINT) DHMH-17 (VRA15 ME(5)) WM C March F/H ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BP DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5))	A HE OUT WAS	5	UNDERLYING	G OR													
ACTUAL SIGNATURE SIGNED 4-11-81 EXAMINER'S NAME (TYPE OR PRINT) DHMH-17 (VRA15 ME(5)) WM C March F/H ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. DATE (SPECIFY) ACTUAL 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BP DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5)) DHMH-17 (VRA15 ME(5))	ISIO FERTING TO TO SSHO PRICEPA	1 2	21d INJURY	OCCURRED	21e. PLACE	OF INJURY	(AT HOME,			-							
BP	NRI CARDE	1		NOT WHILE	STREET, FAC	ORY, FARM, E	TC.)	51	TREET			CITY OR TOV	VN	co	UNTY		STATE
BP	RW/RW/STA						1.11				VV.			1.			
BP	A A B A B A B A B A B A B A B A B A B A									-	-	. ,		nd in my a	pinion		
BP	NATH NATH		death result	red from: Nato	rai causes [24],	Accident	, 301	cide L.			Under	ermined ma	nner				
BP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			back	nie ZIC	hala -		AA			+ MED	ICAL EVAL	INIED			1-11-	81
BP	SE S	5				4			0	1310	MED.	ICAL EXAM	INEK	SIGNI	EU		01
BP	IN THE PARTY OF TH	4	(TYPE OR PR	NAME VI	rginia L.	Dolai	n, M.D.		ADDRESS		11 P	enn S	treet				
BP	PATO PATO	230	BURIAL, CREMA	TION, REMOVAL	3b. DATE	23c. 1	NAME OF CEA			Byot i	23d. LC	CATION		2711	2011	144	a10
DHMH-17 (VRA15 ME(5)) 74 FUNERAL DIRECTOR NAME Wm C March F/H 1101 E. North Ave APR 1 3 1981	BP_			1	4/16/81						119	Sp	arks			Md.	
(VRAISME(S)) Wm C March F/H 1101 E. North Ave APR 1 3 1301	27/10	24	FUNERAL DIRE					11		250. DATE			R 251 40	1	PES.	Mindy	
15M 2/80				March F		101	E. No	rth	Ave	APR	13	1301	1	1	-	1	35-74 8
	(VR A15 ME (5))	14	NAME			101	E. No	rth					par.	Myh	LES!	Model	



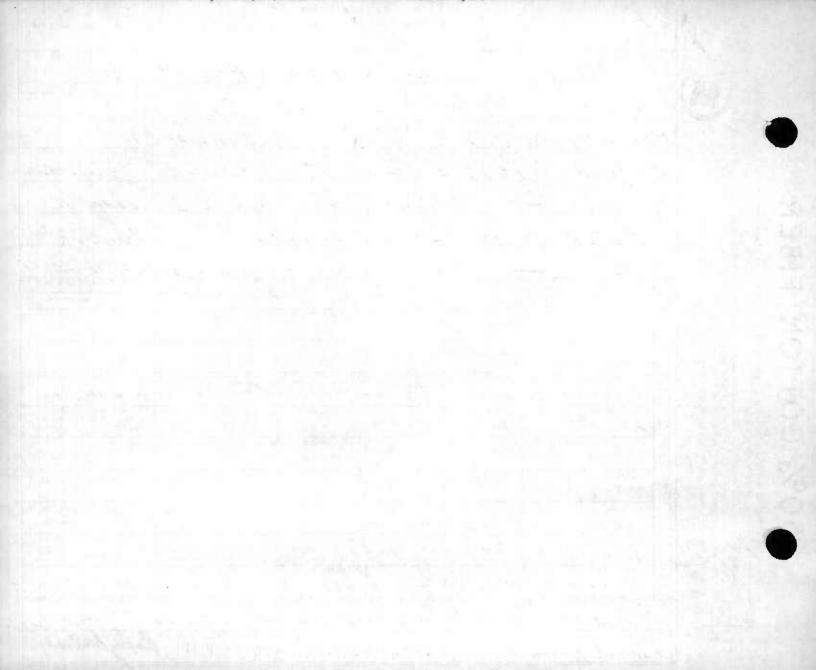
8	FOR STATE REGISTRAR	.ŏa-22a f		DEPART	MENT OF HI	ALTH A	AND ME	ENTAL H	4.0		REG.	1 0	3	0	4
	DECEASED NAME		arles	MIDDLE R.		LAS	Trav			20. DATE OF		MO.		YEAR 3, 81	76 HOUR
3. S	male	1. RACE black	5. DATE OF BIRTH	48 48	6. AGE (IN YEARS LAST BIRTHDAY) 32 YRS.	MONTHS	DAYS	HOURS :		2c. DATE PRONOUN DEAD	NCED	монтн 4	DAY	YEAR	2d HOUR 9:46
能夠了	BIRTHPLACE (51 FOREIGN COUNTRY)	MD		SA		VIDOWED		ER MARRIE	D D		Ва	or cour 1timo	re C	ity	PM MD.
В	altimore	/		rsity	Hospita	1	INSTITUT	ION		AL OCCUI		TYPE OF WORK	12b. KII	ND OF BUI R INDUSTR	SINESS
B 2 130	STATE MD	DUCOUNT	R OTHER INSTITUTION, GIV TY	13c. CITY	or town	13	d. INSIDE CIT			416	W.	Fran	klin	st.	
00	WAS DECEASED	Э	E.		ravis		FIR	R'S MAIDEI Matt		м	L.		nber	last 1y	
NOISIAI	NO NO		WED FORCES? WAR OR DATES) ly one couse per line		N/A	40. 17		tha '	Trav	ris 1				klir	
F. HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL AL, CREMATION, OR REMOVAL.	gove ris couse (o) lying cous		DUE TO, OR (c) CONTRIBUTING TO DEATH		NSEQUENCE OF	L DISEASE OF	R CONDITION	I GIVEN IN PAR	T I (a).						
OI PRIOR TO BURIAL, CREA	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERAT	ION WAS	PERFORA	MED?						YES X	NO 🗆
3	210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	COURRED NOT WHILE AT WORK	21e PLACE C	MONTH 4	23/1981	S to S	elf i	occurred ingest	ted					Cit	y hine.
	270 certif death resulte ACTUAL SIGNATURE	y that I took charge	e of the remains described by the second sec	Accident	_	Autopsy de M,	TITLE (SP	Inspection ide PECIFY) Stant	Undete	Inquiry ermined mo	onner	ond in my i	E	4/24	/81
AFTER DEATH, WITH THE STATE DEP	EXAMINER'S I	4T)			Guard M				Penr	Str	eet.E	Balto	MD 2	21201	
	(SPECIFY)Buri	527	3b. DATE 4/30/81		NAME OF CEME King Me		ial :	Park			imor	e co	CO.		dk
, -	FUNERAL DIREC		F/H 11C	1 E	. North	n Ave		250. DATE R	R 2	7 198	25b. RE	RIPE	SIG AT	The same	,

up. Imitologica 197 7 1931 " John San

	0	1.	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIỆNE							1	5				
	. 0	1-	STATE REGISTRAR				EXAMIN				44		REG. N	40	()		
			CEASED NAMI	E FIRST		MIDDLE			LAST			20. DATE	KNOWN	_	H DAY	YEAR	26. HOUR
	8 8 8 8 F	(14)	E OR PRINT)	Meve	ər				Treti	ck		OF DEATH	ESTI- MATED	₩ 4	15	1981	
	PIEAS COTOR FILES	3. SE	(4. RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE		MONTH		YEAR	2d. HOUR
	Z Z Z Z	Ma	ale	White	AUG. 11	. 1904	76 Y	11.014111	SDAYS	HOURS	MIN.	PRONOU!	NCED	4	17	1981	8:35
100	SSAL SAL HIN EST	7a. B	RTHPLACE (SI		76. CITIZEN OF WH			1 40	D NE	VED 44 AD	XXX	9. BALTIN	ORE CITY		NTY OF		_ CO.M
	IS NECESSARY, PLEASE EFUNERAL-DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.		IARYLANI)	USA			WIDOW	ED D	DIVOR	CED	V	Balti	more	Cit	\/	MD
	HE BE	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTHE	R INSTITU	TION	12a. US	UAL OCCU	PATION (T)	PE OF WOR	12b K	IND OF B	JSINESS
	Y DELAY IS N 33 TO THE FU AIN PAGE 5 ILD BE FILED, ORDS, 201 W		Baltimo		1 W.	Frank	clin St	reet				CHAUF	FEUR		Ì	CAB C	Ö.
201	NY DISTANT	13a. S	TATE	13b COUN	OR OTHER INSTITUTION, GIV	13c. CITY	OR TOWN		13d. INSIDE C	ITY LIMITS?	13e, STR	EET ADDRE	sş Ri	M. 60			
. 21	SHO SHOW		IARYLANI			BALT	IMORE		YES	NO [W. F	RANKL	IN ST		#2120	1
W	H- WEST	14. F	ATHER'S NAME		WIDDIE	RETIC	AST		15. MOTHE	ER'S MAID	EN NAME	~	IDDLE		WO:	LAST	
ORE	SA SEE	160 \	HERN	DEVER IN U.S. AR			IAL SECURIT	(NO	17. INFORA		E		ADDRES	r.c	WU.	LF	
W. PRESTON ST., BALTIMORE, MD. 2120	SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA ORD "FENDING" IN PENCIL IN 17EM 18, GIVE PAGES 1, 2, AND 3 TO CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PIE USED AS A BURIAL- RANSIT PERMIT, PAGES 1 AND 2 SHOULD BE IT OF HASTH AND MENIAL HYGIENE, DIVISION OF VITAL RECORDS, URIAL, CREMATION, OR REMOVAL.	(Y	NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	214	-03-05			0 W.	NORT	KLAVAI H AVE	NS ^{ADDRES}	BALT()., 1	MD 2	1217
17.	HOURS W 18. G WIT WIT WE, DIV		18. CAUSE O PART I DE		ly one couse per line						HE H		1			APPROXIMAT	E INTERVAL T AND DEATH
NO	PER PER VAL.		1100	1MMEDIA	TE CAUSE (a) Art				ardio	vascu	llar	Disea	se				
REST	E WO		Condition	ns, if ony, which	DUE TO, OR	AS A CON	SEQUENCE ()F							38		
¥.	MINE NIA			se to immediate stating the under-		AS A CON	SEQUENCE)E			-						
201	IN P EXA IAL-		lying cou	se last.			5245211621	21									
PDS,	SAL ANG ATIO		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	UT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (a)						
O.	ARDI ARDI AREDI AR	O N															
A R	SHOULD ORD "PE CHIEF A TE USED A TOF HEA	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?				- 3	20	AUTOPSY	?
Z N	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FIF	O) EVERNIA	1 CALIFF WAS	lav susses											YES 🗆	NO X
DIVISION OF VITAL RECORDS, 201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CRETHEIGATE, WRITINGS THE WORD "YR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	CALCE		L CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. DEATH P.M.		DAY YEAR	21c. HO	W INJURY	OCCURR	ED LENTER	NATURE OF IN.	OURY IN ITEM I	8 PART 1 OR	PART 2)		
VISI	CERT TINC DED DEP	MEDICAL	21d. INJURY C	NOT WHILE I	21e PLACE C STREET, FACTO		(AT HOME,	21f. LOC	ATION			CITY OR TO	wn		OUNTY		STATE
٥	WR WR	-	AT WORK	AT WORK													
	ND, ND,		22a. I certif	y that I taak charg	ge of the remains desc	ribed aba	ve, held on	Autaps	y	Inspectio	on XX.	Inquiry	□, 。	and in my	opinion		
	PE BELL		death resulte	ed from: Natur	corcapses X	Accident	, Sui	ciple .	Hamic	ide .	Undet	ermined mo	nner 🔲	,			
	MAN WAR		ACTUAL	1	Kenny	415	800	K	TITLE (S					DAT		4 1 7	
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT		SIGNATURE_	1	Covery	1/	40	-M.	nebn.	TY Cr	11e MED	ICAL EXAM	INER	SIGI	NED	4-17	-81
1.11	FERD AND THE PROPERTY OF THE P		EXAMINER'S	NAME Thom	nas D. Smi	th. M	.D.		DDRESS_	1	II P	enn S	treet				
	525 F 8 -	23a. B		TION, REMOVAL 2			AME OF CEA					CATION OR TOWN					
0 Am 4	BP		BUR.		4/17/81		OHEB S	SHALO			B	ALTIM				YLANI)
0401	DHMH - 17	24 FI	JNERAL DIREC NAME	TOR SOI	LEVINSON	& BF	ROS., 1	INC.			REC'D. BY	REGISTRA	R 256 REC	ISTRAR	SIE A	TURF	
1	(VR A15 ME (5)) 15M 2/80	_	010 RE	ISTERSTON		BALTO		212	15	APR	221	381		/		1	



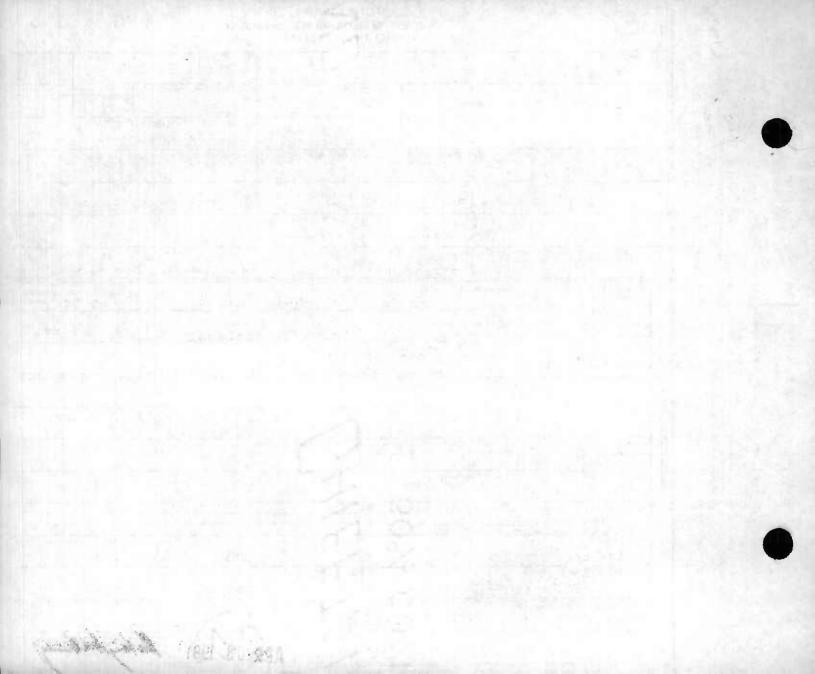
1/1/1		STATE OF MARYLAND		0 65 19 19 1
N I	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		10300
I. DE	CEASED NAME FIRST	MIDDLE LAST	REG. NO.	NTH DAY YEAR 26 HOUR
e de co	EORPRINT) MARY	TROCHIMOUTICZ	APRIL 1	9 1981
3. SE	× –	4 RACE S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER TYEAR IF UNDER 24
200	temple	While 4-9-05	76	YRS.
72 ho	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
p 10. C	ITY OR TOWN OF DEATH	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS
by the	BAITIMORY	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Serra STRYS	
.⊆ e	AL RESIDENCE (IF NURSING HOME OR STATE		13e. STREET ADDRESS	
重	ARYLAND -	- BATTIMERE YES NO [1632 E.	Clement STI
nd 2 s	ATHER'S NAME	MIDDLE LAST LAST FIRST	MIDDLE	P LAST
E O	WAS DECEASED EVER IN U.S. AR	MICHAISKI FRANCE MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	PUNCYK
		2/4-16-4878 STAA/exTROS		32 F. Clement.
0 % 0	IR CAUSE OF DEATH (Enter on		1	APPROXIMATE INTERVA
physici npoper movol.		nly one couse per line for (b), and (c) les	his - veserly	" moril
ng pu	14000 MMEDIAT	Olisean		
e co on, o omot	7 + 1 2-	DUE TO, OR AS A CONSEQUENCE OF		
and the state of t	Conditions, if ony, which gove rise to immediate	(b)		
by the	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
pled pled	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITIE	ON GIVEN IN PART No.
Then to by	advenced o	arenoma of signed a	don dish	eter welletus
mut.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
Per S Me Per	Dac. 1960	color tenan	YES NOTO	CERTIFYING CAUSES OF DEATH?
4 7 8 9 4 1	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	
cote has been signossit permit. Their Hygiene prior to the 8 shows ony injur				
E 5 - 11	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR		
buriol-tr Mentol to or Item 1		HOUR A.M. MONTH DAY YEAR P.M. 19 216. LOCATION 216. LOCATION 217. LOCATION 218. LO		COUNTY
he buriol-tr nd Mentol ed or Item 1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19	CITY OR TOWN	COUNTY STA
buriol-tr Mentol I or Item I	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	
OR: After this certification of use os the buriol-tr if Health and Mental I is marked or Item I	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospit	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET tol) attended the deceased from 9/1/1/19 6 8	CITY OR TOWN	
OR: After this certification of use os the buriol-tr if Health and Mental I is marked or Item I	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceosed alive on obove, (1) (we) (did) (did not obove, (1)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10l) ottended the deceased from 19 1) view the body ofter death.	CITY OR TOWN	nd hour and from the causes state
Alter this certification of the state of the	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit sow the decrosed alive on obove, (I) (we) (did) (did not 27b. SIGMATURE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21ol) attended the deceosed from 19 (1) view the body offer deoth. DEGREE ATTENDING	city or town to 4/6 deoth occurred on the dote of	ond hour and from the causes state 22c. DAJE SIGNED
thed for use as the buriol-th opt. of Health and Mental I Item 21 is marked or Item I	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21ol) attended the deceased from 7 10 July 100 of the deceased from 19 11 July 100 of the deceased from 19 12 July 100 of the deceased from 19 13 July 100 of the deceased from 19 14 July 100 of the deceased from 19 15 July 100 of the deceased from 19 16 July 100 of the deceased from 19 17 July 100 of the deceased from 19 18 July 100 of the deceased from 19 19 July 100 of the deceased from 19 10 July 100 of the	city or town to 4//6 death occurred on the date of	ond hour and from the causes state 22c. DAJE SIGNED
thed for use as the buriol-th opt. of Health and Mental I Item 21 is marked or Item I	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. 1 certify that (1) (this hospit sow the deceosed alive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10) attended, the deceosed from 19 1) view the body ofter death. DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	city or town to 4/6 death occurred on the date of the	nond hour and from the causes state 22c. DAJE SIGNED
should be detached for use as the burial-training the State Dept. of Health and Mental MPORTANT: If them 21 is marked or them 1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR NAME)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10) ottended the deceosed from 9 11) view the body ofter death. DEGREE (4, 1). ATTENDING PHYSICIAN PREPRINT) 22e. ADDRESS 3.3.00 /3.6	city or town to 4//6 death occurred on the date of the control o	ond hour and from the causes state 22c. DAJE SIGNED
TO FUNKAL DIKE TOKE After this certain should be detached for use as the buriol-tri with the State Dept. of Health and Mental IMPORTANT: If hem 21 is marked at them 1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE SOW the deceosed clive on, obove, (I) (we) (did) (did not 22d. PHYSICIAN'S NAME (TYPE O ROM V SURIAL, CREMATION, REMOVAL	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 21f. LOCATION STREET 10 21f. LOCATION STREET 22f. ADDRESS 22f. ADDRESS 22f. ADDRESS 22f. ADDRESS 22f. NAME OF CEMETERY OR CREMATORY	outer of town to 4/6 death occurred on the date of the control o	ond hour and from the couses state 22c. DAJE SIGNED 4/20/81
TO FUNERAL DIRECTOR, After this certification of the deteched for use on the buriolity with the Store Dept. of Health and Mental IMPORTANT: If hem 21 is marked or Item 1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR NAME)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10) ottended the deceosed from 9 11) view the body ofter death. DEGREE (4, 1). ATTENDING PHYSICIAN PREPRINT) 22e. ADDRESS 3.3.00 /3.6	outer of town to 4/6 death occurred on the date of the control o	ond hour and from the causes state 22c. DAJE SIGNED 4/2 0 8/



MERCE TO, ELE ON TERES CL THE

ASA 2 MAN PSAMPADONS

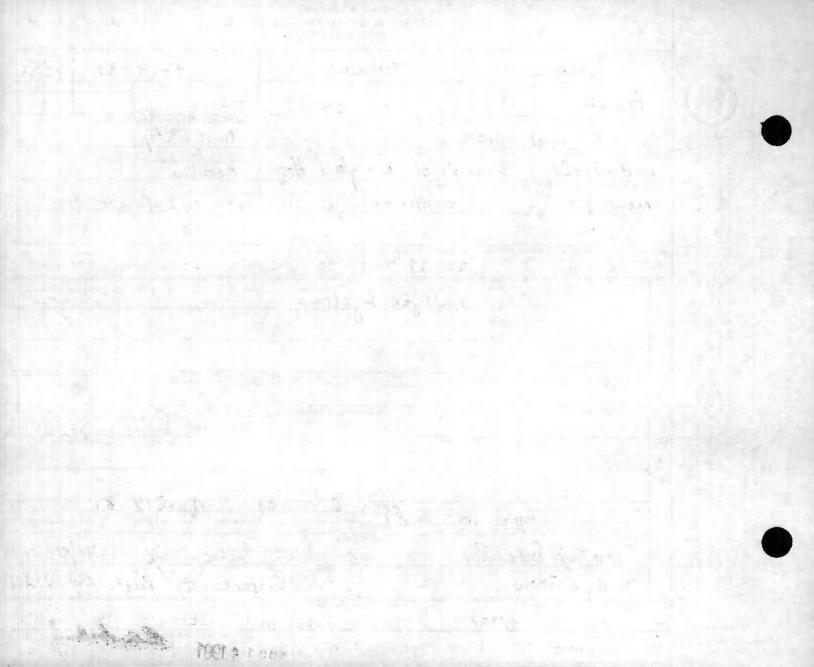
STATE OF MARYLAND



	1		1.	FOR STATE		DE	PARTMENT OF	HEALTH AND	MENTAL HYG	IENE 8		0 3	0 9
	. 84		1. DE	REGISTRAR CEASED NAME (DES		MIDDLE		LAST	DEATH	20. DATE OF DEA		DAY YEAR	2b HOUR
	e e e e e e e e e e e e e e e e e e e			Deadem			Tucker	1.14.1			14, 198	31	12:55pm
H	CIAN	1	3. SE	F	4. RACE	В	S. DATE	OF BIRTH	YEAR 94	6. AGE (IN YEARS LA	AST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
	- Calenti	40		RTHPLACE (STATE OR FORE)		OF WHAT COU	MARR	ED NEVER		9. BALTIMORE CI			
	4 51	5//		HOMASVILLE,		OF HOSPITAL, N			NORCED	120 USUALOCCU	more C		MD.
201	after a special section of the secti	33]	BALTIMORE	The	Johns	Hopki	ns Hos	pital	(TYPE OF WORK FOR A	AOST OF WORKING LIF	E) INDUSTRY	OF BUSINESS OR
ND 21	24 hou	85	13a. 3	AL RESIDENCE (IF NURSING FITATE 13b	HOME OR OTHER INSTITU COUNTY	13c. CITY O		13d. INSIDE (CITY LIMITS?	13e STREET ADDR			
2	I WE TOWN	- In	14. FA	THER'S NAME				-42	'S MAIDEN NA	ME			UE A CONTRACTOR
WY	母 经	00		HIRAM	MIDDLE	TWE	ET		JERISEY	MIDI	DLE	HUN'	
10	20				J.S. ARMED FORCE YES, GIVE WAR OR DAT	ES? 166 SOCIA	L SECURITY NO.	17 INFORM	ANT		DDRESS		LEK
ALTH ALTH	0	ine i	-	NO 18 CAUSE OF DEATH IE	ator calvono save		16-3588	I MAR	M. CRA	AIG 845	MCKIM S	APPROX	IMATE INTERVAL ONSET AND DEATH
4.8	m six	in in		PART I. DEATH WAS	CAUSED BY:	1	bo vosu	lon rat	lond.			BETWEEN	ONSET AND DEATH
_ X	10745	2		7APA IMA	MEDIATE CAUSE (۵,		-01010	Jugin !				
STO	N ET D	DGM)		Conditions, if any, wh		O, OR AS A CON	ISEOUENCE OF					100	
PRE	O alle	5		gave rise to immedicause (a), stating	ate	b)	7						
*	1 685	alle		underlying cause lo	ost. DUE To	O, OR AS A CON	ISEQUENCE OF	lution				1000	
20	In 148	ă ă		PART 2 OTHER SIGNIFIC	11	.,			D TO THE TERM	INAL DISEASE OR (CONDITION GIV	EN IN PART 10	a i
RDS	1 H	2	ON		deh	ydrober	1						
IL RECO	he low in the low in t	2	CERTIFICATION	190. DATE OF OPERATION	19b. Co	ONDITION FOR V	WHICH OPERATI	ON WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
1 2	L Cole	0	CER	21a. ACCIDENT WAS UNDERLY	The state of the s	ME OF INJURY		21c. HOW IN	VJURY OCCURE	RED (ENTER NATURE OF			
ö	CIA Perili report	1	AL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	COLDEAN	R A.M. MONT P.M.	H DAY YEAR	`					
No.	A M	ò	MEDICAL	21d. INJURY OCCURRED	21e. PL.	ACE OF INJURY		211 LOCATIO	ON	6.79	ORTOWN	COUNTY	STATE
SIS	04 4 6	1880	\$	WHILE NOT WHILE	□ (ATHO)	ME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIRCE		City	OK TOWN	COOKIT	STATE
0	AD or	E		22a.1 certify that (1) (this	haspital) attend	ed the deceased	framS	1114	_, 19_8/	, ta\$	1/19	19 8/	that (I) (we) last
400	E PE			saw the deceased all abave, (I) (we) (did) (live an 4/	19181	19 6/	and that in (my)	(aur) apinian d	death accurred on t	he date and have	r and fram the	causes stated
-10	P Post	1		22b. SIGNATURE	did fidt) view the I	budy utter death.		DEGREE				22c. DATE:	SIGNED
100	the Date of the Da			100	(ofo	,			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	11/1	4/21
Ato.	OSPITA PUNERA Marke d	1		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRES	- tons	J DIKECTOK [] FI	TSICIAND	1///	// -/
		5	70	Worle	"			1	has H	lopkins.			
	04 542	<u> </u>	23n F	URIAL, CREMATION, REA	/	F	T23c NAME OF	CEMETERY OR		23d LOCATION			
100	3 RP			BURIAL						CITY OR TOW	VN	COUNTY	STATE
00	× Di		24 FI	INERAL DIRECTOR	. 1 4/1	8/81	I KING M	EM. PAR	25n DATI	BALT(E REC'D. BY REGIST			MD.
	DHMH-16 30M 2/80 (VRA 15, 4)		1	UM, C. I	Money	1 1101	BRESE, NO	NTN D	US ADI	16 1001	Rup	-	باسما

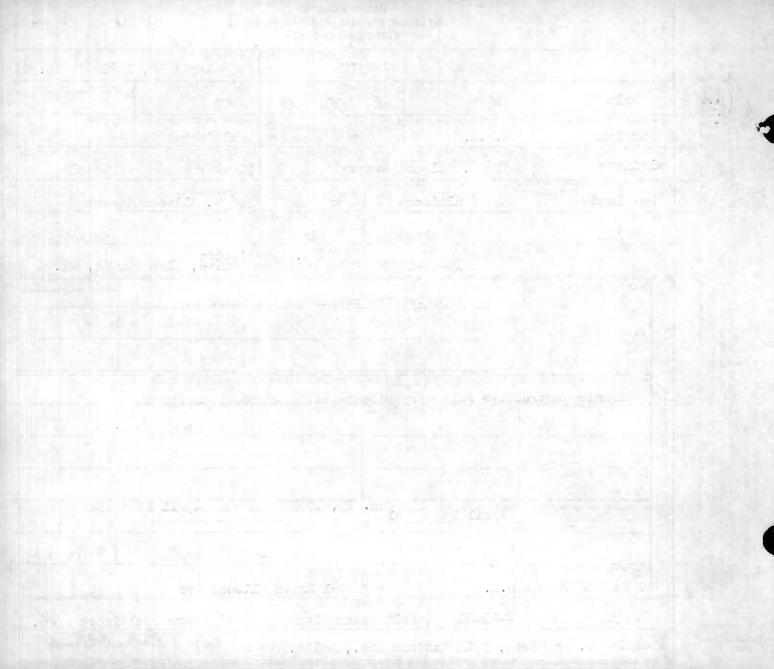
Assembly and ING AT ITEM rela prantates a series of the series of the

	3		1-	FOR STATE REGISTRAR	4	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE 8	į.	0 3	10
		Ī		EASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
e pe	1 4		(TIPE	PEARL			TUN	KINS	HITT	4	- 14	-81	925 AM
e .	(周,		3. SEX	C 1	4. RACE		5. DATE C		YEAR	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 00 (BAR	1		remale	10		07		06	74	YRS.		
8	-			RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MAR	RRIED -	BALTIMORE CITY OF	COUNTY	OF DEATH	
450	5 1/	0		N.C.	1 45		WIDOWE	D DIVOR	RCED 🗌	Balt. C	ety.		MD.
o)	filed with	X	1	Baltimore City	LHIV	ESTY O	Fret ADDRESS)	rother institu	HOSP.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST PA	ON WORKING LIF		OF BUSINESS OR
2 4 hours	must be	5	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU!	R OTHER INSTITUTION NTY	13t. CITY OR I	FIMORE		0 🗆		afa	yethe A	tre.
MARYL, ed within	and 2 sh	0	14. FA	thers wame Edward	MIDDLE	Mo:	rton	IS MOTHER'S M.	ila	ElTa		LAS	ST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ORD PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offending physician.	Poges 1		6a ₩ (Y	(IF YES, GO	RMED FORCES? VE WAR OR DATES)	166 SOCIALS 225-2		17. INFORMANT Alice		hin 2416			
3ALT	yol.			18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b),ond (c).)						ONSET AND DEATH
ST.,	emo			PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	mult	ple n	yelomo	۲.			2	yrs.
N 0 4	corb corb , or r			2030	DUE TO, O	R AS A CONSE	QUENCE OF	0				E 1249	U
RESTOR death	ation			Conditions, if ony, which gove rise to immediate	(b)_								
A. P	rem crem			couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSE	QUENCE OF						
tho tho	or of				(c)	OLUZBINI IZBIG	TO DE LYLL DUY	NOT BELLIED TO		LLU DISSASS OD COM	NE COLUMN	(CALIBLE A DT 1)	
DS, 3	hen p a bu		z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOI KELATED TO) THE LEKMIN	NAL DISEASE OR CONL	DITION GIV	EN IN PART II	0
COR	mit T prior t		CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		S, WERE FINDI	
L RE	S Se Se	1	IFIC							YES T NOT	IN CERTIF	YING CAUSES	OF DEATH?
ATI Z. TI	ransit pe Hygiene 18 shows		CER	210. ACCIDENT WAS UNDERLYING	110110 1		DAY VEAD	21¢ HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
OF OF	riol-tr entol		¥	OR CONTRIBUTING CAUSE OF DE	2111	.M. MONTH	DAT TEAR						
SION OF VI	bur		MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	EICE FARM FTC)	211. LOCATION		CATY OR TO	WN	COUNTY	STATE
VIS OF STATE	ner in the property of the d		2	AT WORK NOT WHILE	(Arribanc, Sr	ACCI, FACTORI, OIL	· ·		-7-4		0.111	-5-	
NON	use de la			22a I certify that (1) (this hosp	ital) attended th	deceosed Ire			19 0/	to	X17.		that (I) (we) lost
R ATTE	a fer	-1		sow the deceased alive of above, (I) (we) (did) (did no	ot) view the body	ofter death.			ur) opinion di	eath accurred on the do	ite and hou	and the same of th	
	oche Depi			226 SIGNATURE		4.41		DEGREE ATTE	ENDING	MEDICAL STAF	F IA	ulid	SIGNED
4	det det	4		224 PHYSICIAN'S NAME (TYPE	now m	7)	1	22e ADDRESS	YSICIAN	DIRECTOR PHYSIC	IAN	7/17	01
O HOSP	should be with the St			Dorothy A. Sno				22.5		eone St.	Ba	et. Me	d. 21201
101	- 0 > 3		23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CRE		23d LOCATION CITY OR TOWN Baltim		COUNTY	STATE
70/ BP_			24 E1	Burial	4/18	/81	King	Memoria	Pk 1250 DATE	REC'D. BY REGISTRAR		PAP'S	IND
DHMH-16 (VRA				m. March	F/H 1	101 B	S North	n Ave.	NDD		1	- b	sol.



STATE OF MARYLAND

The state of the s THE STATE OF THE S ton a ton the party and the root of the MARKET PIECE STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0313
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(IAbE	ELIZAI	BETH ROSE V	AN DYKE	APRIL 30, 198	31 11:32RA
3. SE.		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	White	April 29, 1981	ING.	2
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
7	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	ADDRESS) PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING I	IZB. KIND OF BUSINESS OR INDUSTRY
13a. S Ma	ATHERS NAME	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NOTY Anne 13c, CITY OR TOWN GLEN BU	Arnie yes No 🕱	WIODIE	Circle Smith
16a V	VAS DECEASED EVER IN U.S. A			1000000	
		N/A NON	(10	ther) ADDRESS S	ame as # 13
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	la arrest		
	DART 2 OTHER SIGNISICANIT	(()	DEATH BUT NOT RELATED TO THE TERM		WEST BY DADY 1.
2		my 13	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	VEN IN PART T(6)
CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE			RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN APIN	COUNTY STATE
	saw the deceased alive a	n A/30/8/ 1130 19 ot) view the body after death.	April 30 , 19 8 1	death occurred on the date and ha	ur and from the causes stated
	Jeffrey H	. Soler, m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
	DEFFRY	GRANTINION SILBER, N	1D 220. ADDRESS		

BP

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Brooklyn,

COUNTY

STATE MD.

24 FUNERAL DIRECTOR

NAME
Singleton Funeral Home Glen Burnie ADDRESS MD.

BY REGISTRAR 25b. REGISTR

terminal transfer of the state Research of the sold and a second and

the second of the second of the TESTED LESSED TOWNER IN THE SUNCE LESSED LESSED Fait Versit Times I will be to the A marine of the contract of the fact of the thirty and the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the

should be detached for use as the burial-transit permit. Then please remove carbandapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior ta burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, th

and 2 should be to

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 0		
	CEASED NAME FIRST	٨	AIDDLE	1	LAST	2a. DATE OF DEATH MOR		YEAR	24 HONE
(TYPE	Marga:	ret	C. VA	N S	ANT	Apr	.I7 I	1861	YA.
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		DER 1 YEAR	IF UNDER 24 HRS
	Female	Ca	uc.	Jan.		76	YRS.	AS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF D	DEATH	
	Maryland	US	SA	WIDOWE		Baltimore	City		MI
	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	Apressi	ing Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) IN	DUSTRY	F BUSINESS OF
-	Baltimore AL RESIDENCE (IF NURSING HOME O				1118 1101110	Secretary		Lav	V
13a S	Maryland	SALTO.	Baltimo		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 210 Midhu	urst R	load	
	THER'S NAME				15 MOTHER'S MAIDEN NA				
	Sedwick	T. C	romwell	, Jr	Frank	Bray		M	erritt
	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS			
	No		213 03 4	570	C. Glenn C	romwell.		Geo	rgia
	18 CAUSE OF DEATH (Enter to		-	0					MATE INTERVAL
	PART I. DEATH WAS CAUSI	ED BY:	(Inti	20	- S - 10	1			
	LLU 1) GIMMEDIA	TE CAUSE (o)	110	71.0	Comme				
	Condition of the	DUE TO, OF	R AS A CONSEQUEN	ICE OF					
	Conditions, if any, which gove rise to immediate	(b)							
	couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQUEN	ICE OF					
		(c)		1	A				
2	PART OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO OF	ATH BUT	NOT RELATED TO THE TERM	INAL PISEASE OR COMPITI	ON GIVEN IN	PART 110	~ 7
CERTIFICATION	Renal SI	11/25 (2)	Culha	relis	alun	aloid UIL	levu	3/11 (Wila
S	190. DATE OF OPERATION	19b/CONDI	TION FOR WHICH C	PERATIO	WAS PERFORMED		Db. IF YES, WE	RE FINDING	
E						YES NO X	YES [NO 🗌
8	21a. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)	
R .	OR CONTRIBUTING CAUSE OF DE	~	M. MONTH DAY						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e PLACE (19	21f. LOCATION		-		
ME	WHILE NOT WHILE		EET, FACTORY OFFICE, FAR	RM ETC)	1 CIREET	DIV DI TOWN	1 5	15/1	STATE
	AT WORK AT WORK			1	1977	1/11	1	VI	
	22a. I certify that (I) (this hosp		deceased from	4,	1/19	10/10/	10-4		that (I) (we) fas
	saw the deceased alive or yabove. (1) (we idd) (did no	of: vew the body	after death) 19	, 0	nd that in (my) (our) opinion	death accurred on the date	and hour and	from the	couses stated
. 103	22h MGNATURE///	PIN	01/ 0		DEGREE			77L DATE	SIGNED /
	1 11/Man	10/1/9	(Kento)	N	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4 m	4	17/2
	224 PHYSICIAN'S NAME LITTE	Serenti & U	Here	1	172 DDRESS			11	101
	William G	. Helfr	ch M.D.		5006 Rol	and Ave.		/	/
23a. 6	BURIAL, CREMATION, REMOVA	Z3h DATE	23c. N/	AME OF C	CEMETERY OR CREMATORY	23d LOCATION		LINITY	STAFF

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Burial

4/21/81 Cedar Hill

Anne Arundel Co., Md.

24 FUNERAL DIRECTOR Henry 4905 York Road Henry W. Jenkins & Sons Co. Balto., Md. 21212

APR 2 1 1981

Saltimore secretary Easy Easy
Varyland Saltimore s 216 Nignuret Fond

Sadwick T. Cromwell, Jr. Frank Bray Marnit

Control of the contro

Eurial 4/21/81 Cadar Hill Anna Arunal Co., M : Hanry W. Jahlana & Sona Co.

	2	11-	FOR STATE REGISTRAR				MENT OF	HEALTH	MARYLAND I AND MENTA CERTIFICATI		TH	1 0 REG. NO.	3	1	6
			CEASED NAM	E FIRST		MIDDLE			LAST		20. DATE KNO		NTH DAY	YEAR	75. HOUR
	W 21.68	(TYF	PE OR PRINT)	Mati	thew			U	aughn		OF EST DEATH MAT	TI	30	10 8	1
	REE REE	3. SEX	X .	4 RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		DER 24 HRS.	2c. DATE	MON		17	M
100	NST NST	ma	ale	black	MONTH DAY	- 22	58Y	1410111	HS DAYS HOUR	S MIN.	PRONOUNCED DEAD	4	30	19 8	1 6:05
	STO STO	70. B		TATE OR	76. CITIZEN OF WI					77	9. BALTIMORE	CITY OR CO	UNTY OF	* /	PM
	SAN SER 3	FC	PREIGH COUNTRY)	7	us	A		WIDOW	IED NEVER M	ORCED	Balti	imore C	City		MD.
	AGE SAME		altimo		11. NAME OF HOS	PITAL, NU	RSING HOMI				MOST OF WORKING L	ON (TYPE OF WO	ORK 126 K	IND OF B	BUSINESS
Halle	DEL N P S BE				DR OTHER INSTITUTION, GI			Str	eec						
21201	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE OND "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR PLES. EUSED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURS OF HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTION STREET, JRIAL, CREMATION, OR REMOVAL.		Md	13b COUN			OR TOWN	40	13d. INSIDE CITY LIMIT		EET ADDRESS	1.61	Mor	> 4	
g g	1. IF 2. 2. S. 1. Z. 2. S. 2. Z. 2. S. 2. Z. 2.	14. F	ATHER'S NAME		MIDDLE		LAST .		15. MOTHER'S M	AIDEN NAME	MIDDLE			LAST	
E.	ES SE S	1	JAST	sere	MIDDLE	1)a	ush	N	Bes	sie	MIDDLE		40	reei	7
MO	PAG	16a. V		DEVER IN U.S. AR.	MED FORCES?	16b SO	IAL SECURIT	Y NO.	17. INFORMANT		AC	DDRESS			
BALTIMORE, MD.	AFE SIVE AGE AGE			(11 123, 0112	WAR OR DATES,				Delo	easD	uckett	16.	33	Augi	sta Au
	WII. P.		18 CAUSE C	F DEATH (Enter on	ly one couse per line	for (a), (b), ond (c).)						BE	APPROXIMA	TE INTERVAL
N S	EN HO ERW ERW AL.		PARTIDE	ATH WAS CAUSE	TE CAUSE (o) Di	abete	es Mel	llitu	S	127					
015	N N N N N N N N N N N N N N N N N N N		25	00	DUE TO, OR	AS A CON	SEQUENCE	OF					10		
2	NER SEA	-	gave ri	ns, if ony, which se to immediate											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	X PEN W X AMEN TR A L - TR N OR		couse (o lying cou) stoting the <u>under</u> use lost.		AS A CON	ISEQUENCE	OF							
08,2	G" II G" II AND ATIO		PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BILL NOT BEI	TEN TO THE TERM	DARRIN LANIE	COL CONDITION GIVEN	IN PART L (a)					
COR	BE EN LEDIC SA E	NO					into to the ten	IIIAL GIJLAJ	t on condition birth	IN TART THE					
7 2	HEA HEA	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED?				20	AUTOPS	Y?
AT/	SHOULD ORD "PEI ORD A SE USED A SURIAL, C	E		- 15										YES 🗆	NO
O. P.	AFE WEN WEN SEN SEN SEN SEN SEN SEN SEN SEN SEN S		21a EXTERNA	AL CAUSE WAS	216. TIME OF		DAY YEAR		OW INJURY OCCU	JRRED LENTER	NATURE OF INJURY IN	ITEM 18 PART 1 C	R PART 2)		
NO	SET OF THE OF TH	3		NG CAUSE OF	DEATH P.M	k.	19								
N S	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEARTH WITHE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	216. INJURY O	- NOTAGUE 5	21e PLACE (OF INJURY			CATION		CITY OR TOWN	F 17	COUNTY		STATE
۵	WR WAR	-	AT WORK	AT WORK											
	ATE, ORV, OR. P. S. P. S		22a I certi	fy that I took charg	ge of the remains des	cribed ob	ve, held on	Autop	sy , Inspe	ection XX	Inquiry .	, ond in m	yopınıon		
	MINION SEE FINANCIAL SEE FINANCIAL SECTION SEC		death result	ed from: Notu	ral couses	Accident	, Su	icide	, Homicide L	Undet	termined monner				
	WIT WIT		ACTUAL	110	A	d	1 10		TITLE (SPECIF						
	* # 5 F F F -	-	SIGNATURE	LICH	Janto III	678	me	M	Assist	tant _{MED}	ICAL EXAMINER	R SK	GNED	5/1/	81
	NO N	>-	EXAMINER'S	NAME 34-	0	**	11								
	ALTIN ALTIN		(TYPE OR PRI	NT)Ma	rgarita A				ADDRESS 111			altimo	re MI	212	201
		23a.B	URIAL, CREMA SPECIFY)	TION, REMOVAL	5/7/81	23c. 1	VAME OF CE.	METERY O	R CREMATORY	Z3d. LC	RA HO		COUNTY	L	STATE
11.03	BP	24 F	UNERAL DIREC	TOR		0 10 10	+ -1 -	110	25a. D.	ATE REC'D. BY		A REGISTRAR	ES SIGNA	TURE .	<u>(1</u>
1000	DHMH - 17 (VR A15 ME (5))	1	PRNO	PRAI	ADDRESS	18 17	Onth	mil.	St un	V / 1	1001	fisher	Asse	havely	
	15M 2/80		VALNO	1 6.35141	ed 10	1210	CHIII				301-4	1.1.1		-/	

the continues of the modern and the state of the state of months of the same and the same

STATE OF MARYLAND

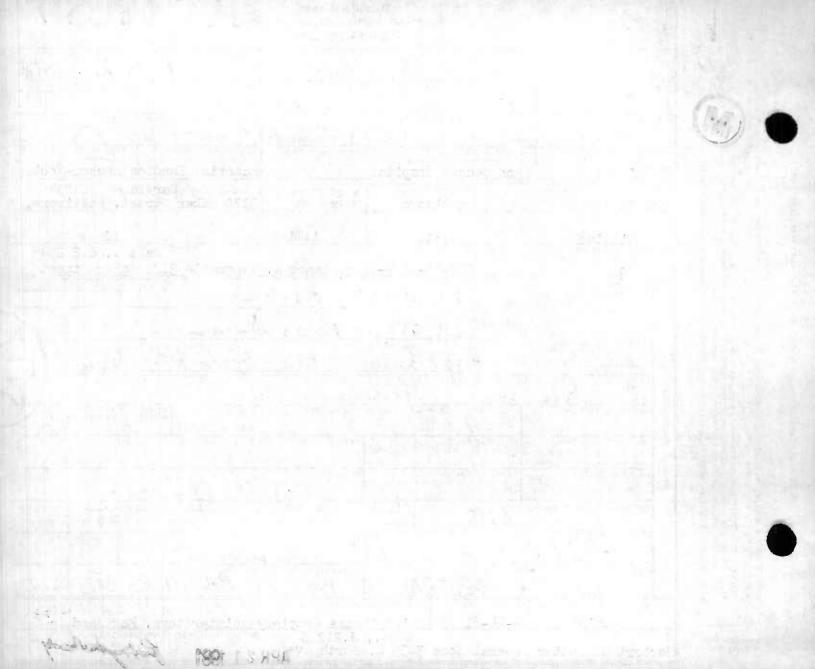
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE



MATTHEWS 3021 EASTERNAVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

STATE

DATS

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

MESSELL TRESERVE RESERVENTION FORES BALLINGS Y SAN NEW ARTES SE Canadania Vinecus, Kannord HAVEARAS BREAT BIE TELL TAKE ES BY SALTHERE PR V BURNAL Y-XI-FI DAR LIWN DE MI TALIEMERE BALEFUNKE ME Manual T. CATTIN ST. LESS ST. T. CALINEM

William was range out to the way of the standard of the standard of Mairie Later . . . Councian or East College . The APR 13 1831 Symposium of

2	1	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	10	3 2 0
1		ECEASED NAME	FIRS1	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
Y.be			SAN	Ane	VI	ANDS	APRIL 08.	1981	07:28AM
4 moy.	3. SI	Female	4. RACE	te	5. DATE O	F BIRTH 26,01925 YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
Poge direct hours	-70.1	BIRTHPLACE STATE OR FOR		WHAT COUNTRY?			9 BALTIMORE CITY OF	YRS. COUNTY OF DE	ATH .
merol no 72	5 4	vest Virginia		1.5	WIDOWE		BALTIMORE		MD.
by the to		Baltimore	J IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	170 USUAL OCCUPATION	ON 12b. WORKING LIFE) INQ	OWNY HOME
ND 2120 ND 2120 Filled in by ould be fill	S 13a	JAL RESIDENCE (IF NUR		KEST PEYS	ADMISSION)	136 INSIDE CITY LIMITS?	130 PTREST ADBRESS	241	
MARYLA mpletely ond 2 sh	7 14. F	Charles	WIDDLE	Howell	w Y	15. MOTHER'S MAIDEN NA			Howell W.Va.
BATTIMORE, MARYLA For the precuted within Marcian and completely to popers. Pages 1 and 2 shoot on the medical examiner.	3 160	WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b SOCIAL SECU 236-62-6		17. INFORMANT Ted W. Viano	ADDRE		rneysville
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST REPRESENTED BY SECURITY The low requires tranship death gents offending physician Mer this certificate has been signed by the aftendings as the buriol-transpreamt. Then please remove carbon the and Mental Hygiene prior to buriol, cremotion, or ren orked or frem 18 shows ony injury, or other traumortic ev	CERTIFICATION	Conditions, if any, we gove rise to immed couse (o), storing underlying cause	DUE TO, C which diote the lost. C(c) CANT CONDITIONS C	OR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT	not related to the term	se, myocedic	20b. IF YES, WER	PART 1(a) E FINDINGS USED CAUSES OF DEATH?
ON OF VITAL RI HYSICIAN: The it dring physicion is certificate has buriol-reast per Mental Hygene or frem 18 shows	MEDICAL CERT	? 1g. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	- NO -		
C 20 2 8 8 8 8	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d.1 certify that (I) (th	(AT HOME, S		03/	211. LOCATION STREET		. 19_8	STATE STATE (a) (we) lost
O HOSPITAL OR ATTEND etoined by the hospital of TO FUNERAL DIRECTOR: should be detoched for use with the State Dept. of Heo MAPORTANT: If them 21 is many or the state of the	7	226. PHYSICIAN'S NAM	alive an 4400 (did not) view the bod	8 19 <u>.</u> 8 y after death.		d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [1716 ADDRESS	MEDICAL STAF	F	20. DATE SIGNED
Bb retoin	23a.	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d. LOCATION	MELLIA CO	FTY WATE
DHMH-16 30M 2/80 (VRA 15, 4)	24	NAME NAME	2. 1	AndCha	ries	Town, W. ya AP	R 15 1981	756 GISTRAR'S	SIGNATURE

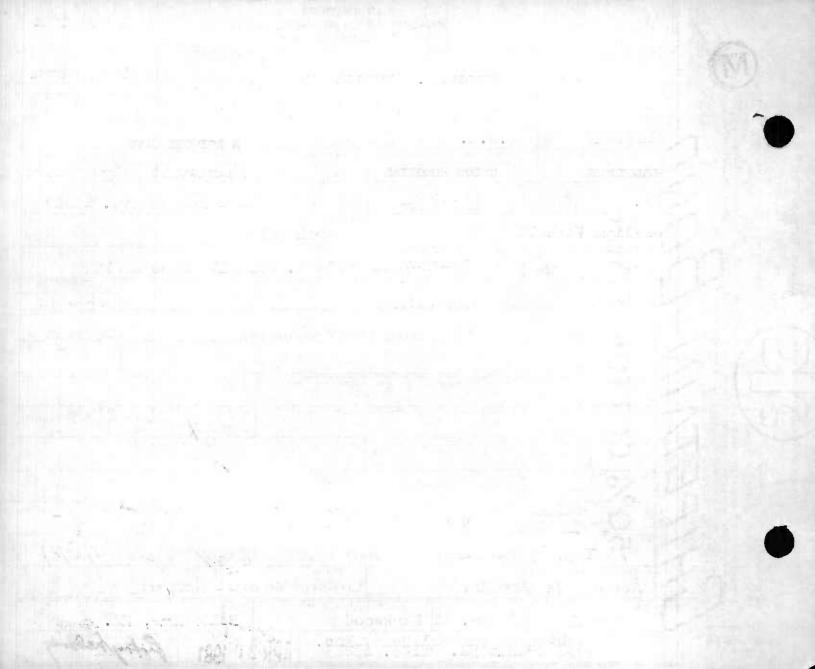
	cd.	3 1646	.guA stid	91-0737	
	TO MORITUAL	X	8.0	est Virginia	
	Housevi fe	l 1	al mana hans	97011115	5 12
	P.O. 263 247			.va. Jefferso	ų.
llawers.		entiemi e	Hewoh	Charles	
HILVEYDINGON	P.O. Sox 73,	Ted W. Vience	226-62-0003	cl1	
not be		Ta.			
10	19/00				

. 8	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYL HEALTH AND FICATE OF I	MENTAL HYG		REG. NO.	0 3	2 1
9 E E		CEASED NAME E OR PRINT)	helm	1	AIDDLE	1/1	ENA		2x DATE OF DE		27 B1	26 HOUR
ge 4 moy	3. SE			Negri	0		OF BIRTH	14	& AGE INVENTS	7 VIN	HUNDER I HEAR MONTHS DAYS	If UNDER SAMES.
deoth, Poge unerol direction 72 hou		IRTHPLACE (STATE OR FOR	EIGN 7b.	CITIZENOF	WHAT COUN	MARRIE WIDOW	D NEVER	MARRIED	* BALTIMORE	OR COUN	ITY OF DEATH	MD
offer offer offer offer of with offer of wit	10 C	CTY OR TOWN OF DEATH	11	(IF NOT IN SUICE	HOSPITAL, N H FACILITY, GIVE MUCISU	URSING HOME		NOITUTION	17s: USUAL OCG	PATION MOST OF WORKEN	INDUSTRY	OF BUSINESS OR
AND 212 n 24 hou filled in hould be	13a.	na	b. COUNTY		130. CITY OF		13d. INSIDE C	ITY LIMITS?	13e STREET ADD	RESS Bry	and A	le
ompletely on 2 s		Edux	A MIDI		Hari		A	S MAIDEN NAI FIRST - Ma	MI		Carte	St -
be executed on ond control on ond co	160 \		U.S. ARME			SECURITY NO. 54-2845	Georg	1	est 280	address 08 Oaki		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of attending physician. We have certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or flem 18 shows any injury, or other traumatic event, the medical examiner has be a strongly or the angle of the permit or		18 CAUSE OF DEATH PART I. DEATH WAS Conditions, if only, v gove rise to immer couse (o), stating underlying couse PART 2. OTHER SIGNIF	which diote the lost.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONS	EDUENCEJOF CECNUS DEOUENCE OF / ETASTA TO	c be	east (G YC(NOW		(0	IMATE INTERVAL ONSET AND DEATH M I N
AL RECORDS, : The low require ion: Hos been sign if permit. Then it permit. Then ones any injury.	CERTIFICATION	19a DATE OF OPERATIO				HICH OPERATIO			200 AUTOPSY	? 20b. IF Y	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED
ON OF VITAL YYSICIAN: The ding physicion is certificate buriol-transit Mental Hygie	MEDICAL CE	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. IN) URY OCCURRED	ISE OF DEATH EXAMINER)	216. TIME OF HOUR A.A P.A 21e. PLACE O	л. МОПТН Л.	DAY YEAR	21c. HOW IN		RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
DING PHY or offendi After this se as the bu	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (th		(AT HOME, STRE	EET, FACTORY, O	FFICE, FARM, ETC.)	STREET		cn	y OR TOWN	county	STATE
OR ATTEN DIRECTOR. ched for us Oppt. of Hem 21 is		sow the deceased obove, (I) (we) dyd 27h SIGNATURE		111-1		19_87,0	DEGREE	(our) opinion o	death occurred on	the date and h		SIGNED
TO HOSPITAL (1) Peroined by the TO FUNERAL I should be deto with the Store I IMPORTANT; If		22d PHYSICIAN'S NAM			GNE		22e ADDRES	PHYSICIAN [ene 5	HYSICIAN	allo.	718
30 BP	-	SURIAL, CREMATION, RE SPECIFY) Burial	MOVAL 2	5/2/8	1	234. NAME OF C Baltim	ore Ce	EREMATORY	Balti		COUNTY	MD
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NM. C. Mai	ch F	/H 1	101 F	E. Nort	h Ave	1 - 0 - 0	28 198		SPAR'S SCU	By

Lowes 3

214-54-2845 George Forest 2808 Oakford Ave.

3



FOR - STATE

I. DECEASED NAME

TYPE OR PRINT

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

1010 Merksworth Road UNKNOWN Mrs. Marquerite Vogelsang Same es #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YFS [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (mx) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Care of Maryland General Hospital CITY OR TOWN 4/21/81 Loudon Park Cemetery Beltimore Buriel Maryland 24. FUNERAL DIRECTOR Witzke Catonsville Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1630 Edmondson Ave Catonsville, Md. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

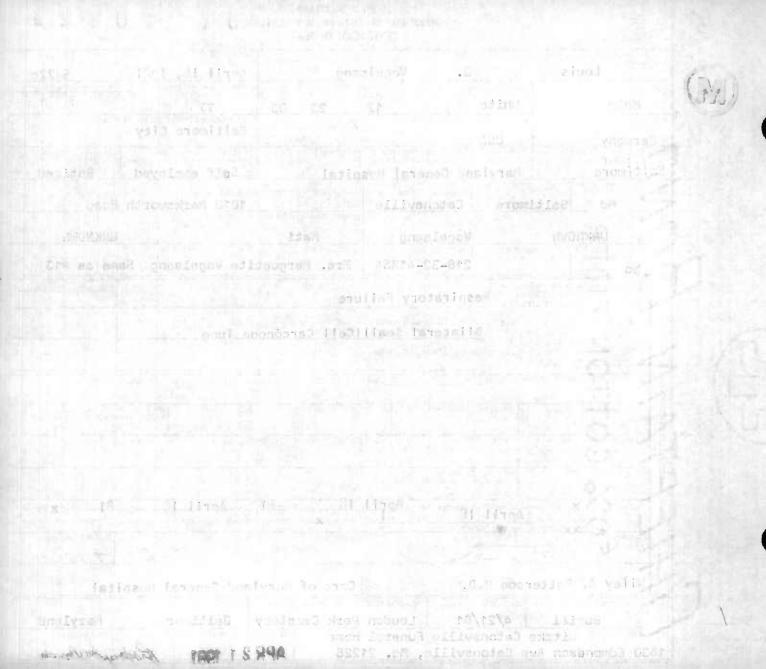
126 KIND OF BUSINESS OR

Retired

IF UNDER 1 YEAR

INDUSTRY

20 DATE OF DEATH MONTH



AOORE 55

1101 E. North Ave.

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

C. March F/H

DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG NO

IF UNDER I YEAR

DAYS

12b. KIND OF BUSH

NO [

STATE

STATE

N.C.

INDUSTRY

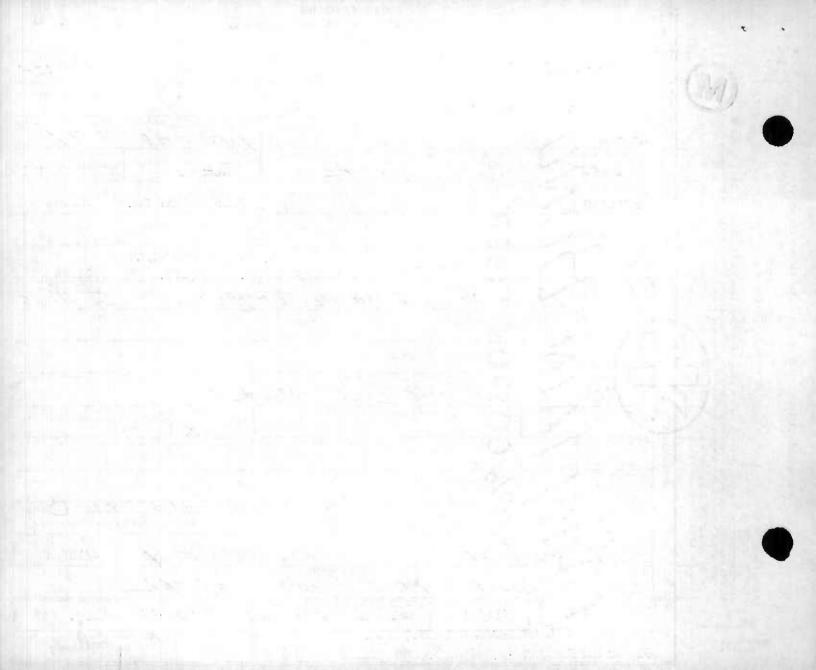
Martin

COUNTY

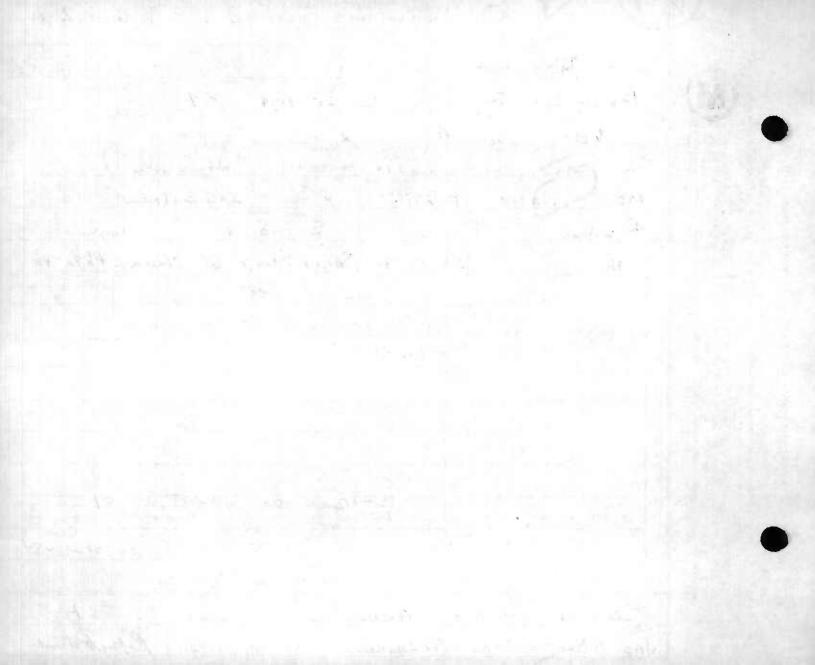
COUNTY

Fundament 1 Keefe W. (MANUSE TERRES FORTH PARTY WILLIAM Epithon 19 School Bull Add DALLES F.

,	1,	FOR • STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8	10326
	Ŀ	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO).
250		CEASED NAME FIRST H	ERMAN MIDDLE WA 6HER	STEIN	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR 5:22PM
M	3. SE	× M _{ALE}	CAUCASIAN S. DATE	OF BIRTH DAY YEAR OF OF OF OF OF OF OF OF OF O	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
13	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) CANADA	76. CITIZEN OF WHAT COUNTRY? 8 MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH
1/2	B.	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET APPRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SALESMAN)	ON 126. KIND OF BUSINESS OR
must be t		AL RESIDENCE (IF NURSING HOME OR STATE 1985 COUN MARYLAND BA		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3316 MARN	AT RD. #21208
180 0 3C	14. F/	ATHER'S NAME CHARLES	WAGHELSTEIN	15. MOTHER'S MAIDEN NA	2100144	UKKNOWN
Poges 1	16a \	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 218-03-2254	MRS.		HELSTEIN
ned by the attending ply please remove carbong urial, crematian, or remo y, ar other troumotic eve		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERM		DITION GIVEN IN PART LIGHT
rmit. Then prior to b ony injur	CERTIFICATION	CHRONIC 190. DATE OF OPERATION		UNG DISE	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hygiene Hygiene	I E				YES NO	YES NO
or frem 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJUR	Y (N ITEM 18: PART 1 OR PART 2)
se os the bu	MED	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	VN COUNTY STATE
for us		sow the deceased dive on above (1) we) did (did po	to attended the deceased from 19 8 , o	nd that in (my) (our) opinion	death occurred on the do	te and hour and from the couses stated
ERAL DIRECT or detoched for State Dept. a ANT: If Item 2		Filh Sister Sta	mo mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED 4/13/81
should be dete		224 PHYSICIAN'S NAME (TYPE O	WOOD MO	SINAT	HOSP171	4
· vi 3 ≦		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/14/81 BETH	CEMETERY OR CREMATORY EL MEMORIAL PA		STOWN COBALTO MO
6 30M 2/80 (15, 4)		UNERAL DIRECTOR SUL I	LEVINSON & BROS., INC		PEREC'D. BY REGISTRAR	256. POGISTRAR'S SIGNATURE

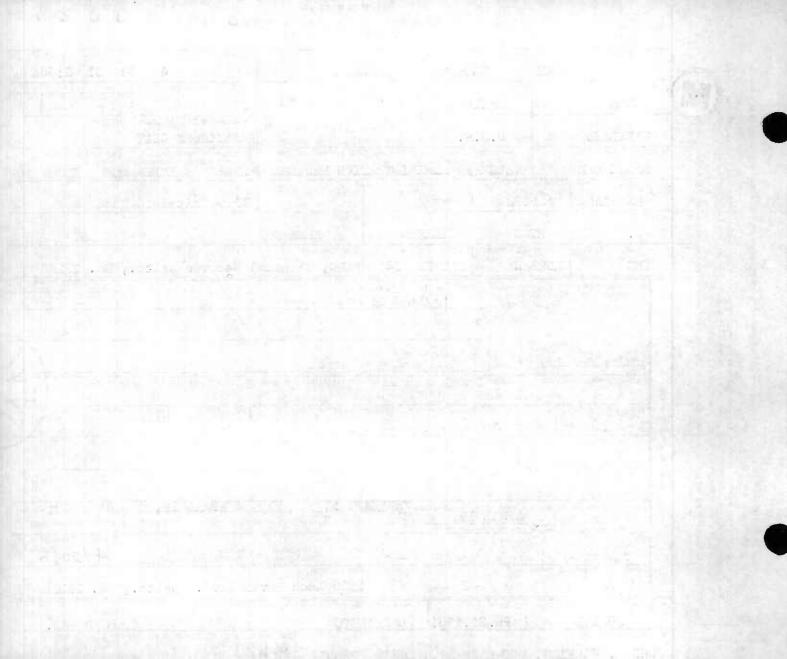


10	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG, NO.
* 6.4	DECEASED NAME TYPE OR PRINT)	erta Wagstafy	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 4 9 8 11245
	Female	A RACE S DATE OF BIRTH OAY YEAR 12 20 1894	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 2. MONTHS DAYS HOURS
15 83	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County of DEATH Baltimore City
by the filed wit	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimae City to spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Bould B	SUAL RESIDENCE (IF NURSING HOME OF STATE BY COU	INTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 205 BA NOW .
O Son of 2	FATHER'S NAME R FIRST H + 45	MIDDLE TUCKER IS MOTHER'S MAIDEN NA SIGNO	ra Tucker
icion and copers. Pages 191.	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	rpe 6510 Chew Ave Ph. 1A, PA
iquires that the death certificate signed by the attending physic then please remove corbon pape to burial, cremotion, ar removal njury, or other traumotic event, the	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF GYganic }	APPROXIMATE INTERVENT ON SET AND DETAIL OF SET A
he low re on. t permit t permit ows ony io	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
HYSICIAI ading ph ading ph buriol-fr f Mentol or Item 1	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY ORTOWN COUNTY STA
or off or off se os the morke	AT WORK AT WORK	pital) attended the deceased from 2 9 9 90	, to 4-9 , 1986, that (1) (w
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept of the IMPORTANT: If hem 21 is	sow the deceased olive or obove. (1) (we) (did) (did not	of) view the body offer death. DEGREE ATTENDING PHYSICIAN	deoth occurred on the date and hour and from the couses state MEDICAL STAFF DIRECTOR PHYSICIAN U 22c. DATE SIGNED 4-9-8

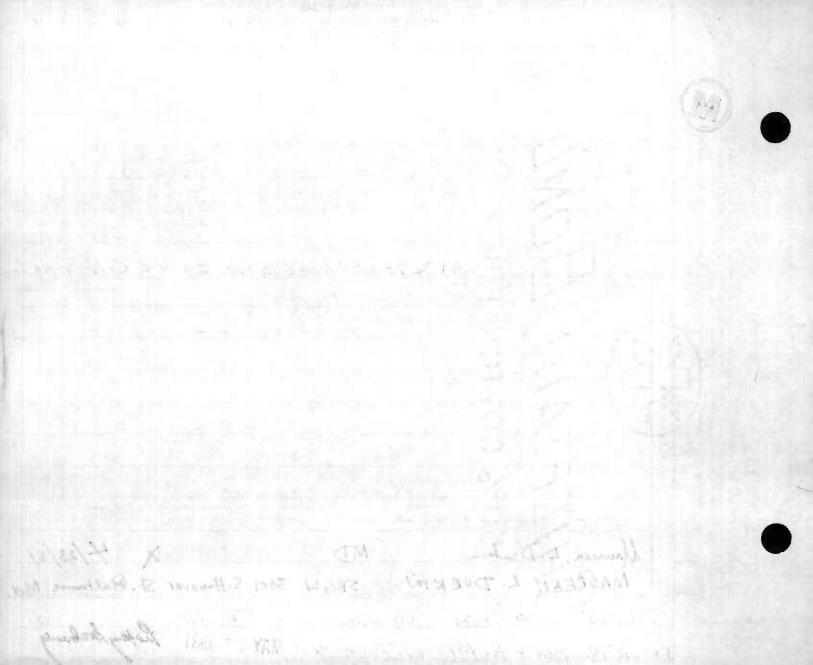


3	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE	8 I		0 3	2 8
(00)		CEASED NAME FIRST OR PRINT)		MIDDLE	L	NST .	20 D	_		YEAR	2b HOUR
e All Mark	(TEP)	Ho	ward	E. V	Vair			April	21,	1981	707 AM
o u	3 SE		4. RACE		5. DATE O		6 AC			IF UNDER I YEAR	IF UNDER 24 HRS
9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		male	cauce	asian	Fer		8	83	YRS.	DATS	MIN.
deoth. Po	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED		altimore city o		OF DEATH	MD.
s after of horifed with		altimore	11. NAME OF UNIVEY	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	rother institution	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE		of Business or
AND 212 n 24 hou filled in nould be	73a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY AND TOTAL	ROTHER INSTITUTION	BOIT OF	/N 1	130. INSIDE CITY LIMITS	S? 13e S	TREET ADDRESS		cet	-21230
RYL, within within within	14.F/	THER ^I S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN		WIDDIE		LAS	
and		Charles	W. I	Wain		Harrie	+	Neu	uber	ru	T. Fill.
IMORE on and or Pages medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	215-18-		Medical	leco	addre	SS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours cattending physician. We have certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. On the medical examined must be proceeded or the medical examined must be proceeded or them 18 shows any injury, or other traumatic event, the medical examined must be proceeded or them.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA 4.439 Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	ardiac	Arre	st otic Vasc	ular	Diseasi	2	APPRÓX. BETWEEN	MATE INTERVAL ONSET AND DEATH
TAL RECORDS, 201 The law requires the cian. The has been signed be sit permit. Then pleasing giene prior to burial, shows any injury, or or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF AMERICAN PART 2 OTHER SIGNIFICANT OF OPERATION 412189	unotic 196. COND	Perione	OPERATION	Vascular WAS PERFORMED	D 55		20b. IF YES,	WERE FINDING CAUSES	NGS USED
VITAL VITAL No. The hysician reate hysician Hygies 118 short	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJUR			
DING PHYSICIA or offending ph After this certifice as the buriels of the and Mental marked or Hem 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P. P. 21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTENDI or putal or TTOR: A for use of Heal 21 is m		22a. I certify that (I) (this hasp saw the deceased plive an above (I) we) (did) (did no				that in (my) (aur) apir	nian death	o April occurred on the do			
HOSPITAL OR A ned by the hos the hos the hos the hos the hos the former LOREC and be detached the Store Dept of the stor		226. SIGNATURE 3. 10 226. PHYSICIAN'S NAME CLYPE	ugh	an.	mi	ATTENDIN PHYSICIAI 22e. ADDRESS	IG MEI	DICAL STAF	FIAN	122c. DATE	181
TO HOSPITAL etained by 11 TO FUNERAL should be det with the State	22	L. Va	ugho	an Mo)	Yuis a	The	filet			
102BP	-	URIAL, CREMATION, REMOVAL SPECIFY)	236 DATE	1981 6	dir S	HELL GOM.		d. LOCATION CITY OR TOWN	06.	SOUNTY EI-	mal ATE
DHMH-16 30M 2/80 (VRA 15, 4)	20	hung. Comun -	Am In	L'ADDRESS	red.	21223 A	PARECE	D. BY REGISTRAR	256. REGISTA	AR'S SIGNAT	URE

House Hall 3- Employed



	11.	FOR STATE		STATE OF MARYLAND OF HEALTH AND MENTAL HYG	IENE 8	103	3 0
/		REGISTRAR		RTIFICATE OF DEATH	REG. N	0.	
2.3		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	. /	2b. HOUR
900	_	4 SAL		ACICER		4-22-81	5:45
(MA)	3. SE)	F	4. RACE S. D	ATE OF BIRTH MONTH DAY YEAR 9 20 10	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS A
		RTHPLACE (STATE OR FOREIGN		ARRIED NEVER MARRIED DOWED TO DIVORCED	9 BALTIMORE CITY C	C / T	
1/3	10 CI	BALT	11. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WARE FOR WARE FOR WARE FOR MOST OF WARE FOR	F WORKING LIFE) INDUSTRY	BUSINESS
and be a	13a. S	TATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS		13e. STREET ADDRESS		
22.27	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	E. COLDSPAR	2101
S S	16a. V	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY		ADDR	LENN SS	EDY
Poges			IVE WAR OR DATES)	S& Eldora GR	1	0-11	
by the at ase remay of, cremating rather tra		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	OF			
nos been signed to permit. Then plea ne prior to buriol, ws any injury, are	FICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH		20a AUTÓPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES	GS USED OF DEATHS
been signe rmit. Then p prior to bur any injury,	CERTIFICATION		19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (GS USED
ficate has been signe transit permit. Then p Hygiene prior to bur 18 shows any injury.	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	19b. CONDITION FOR WHICH OPER 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	ATION WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (GS USED OF DEATHS
ins certificate to be been signed build-incoming the property of the property	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHICH OPER 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	ZEAR 216 HOW INJURY OCCURR	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (YES RY IN ITEM 18, PART 1 OR PART 2)	GS USED OF DEATH!
ERAL DIRECTOR: After this certificate so been signed editoched for use of the buriol-transit permit. Then p State Dept. of Health and Mental Hygiene prior to burion. INT: If them 21 is marked or them 18 shows any injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220 I certify that (1) (this hasp obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPES)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET 21 oftended the deceased from 01 of the body after death	ZEAR 216 HOW INJURY OCCURR	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WERE FINDININ CERTIFYING CAUSES (YES AV IN ITEM 18. PART 1 OR PART 2) WN COUNTY 22. 19 , 1 Date and hour and from the county	GS USED OF DEATH! NO STA
ERAL DIRECTOR: After this certificate so been signed editoched for use of the buriol-transit permit. Then p State Dept. of Health and Mental Hygiene prior to burion. INT: If them 21 is marked or them 18 shows any injury.		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a Leertify that (1) (this hasp sow the deceased alive or obove, (1) (We) (did) (did no 22b. SIGN ATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET 21 oftended the deceased from 01 of the body after death	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDININ CERTIFYING CAUSES (YES AV IN ITEM 18. PART 1 OR PART 2) WN COUNTY 22. 19 , 1 Date and hour and from the county	GS USED OF DEATH? NO STAT
DIRECTOR. After this certificate to been signed backed for use as the burial-transit permit. Then p Dept of Health and Mental Hygiene prior to burit them 21 is marked or term 18 shaws any injury.	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220 I certify that (1) (this hasp obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPES)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET 10 ON PRINT] DURING 19b. CONDITION FOR WHICH OPER 10 10 10 10 10 10 10 10 10 10 10 10 10 1	ZEAR 19 211 LOCATION STREET 211 LOCATION On that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (YES 2Y IN ITEM 18, PART 1 OR PART 2) WN COUNTY 22. 19 12. 19 22c. DATE S	GS USED OF DEATH! NO STAI



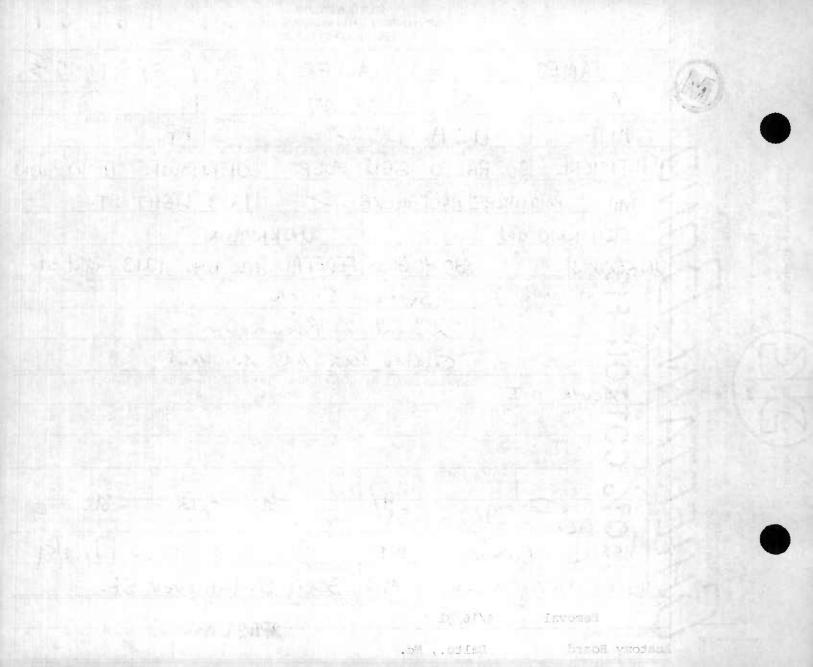
	1 -	FOR STATE REGISTRAR		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE 3 REG. P	1 0	3	3
0		CEASED NAME FRIST JAMES	MIDDLE A RACE	WA Is date of	LKER	6. AGE (INYEARS LAST 8	12/8	YEAR	2b. HOUR M
3		M	N	MONTH	27 6	2 79	YRS.	INS DAYS	HOURS MIN.
35		O MITALIO	L CITIZEN OF WHAT COUN	MARRIED WIDOWED		0 011	7		MD.
13	BI	ALTIMORE !	30. RALIO	STREET GODESU	HOSP.	TYPE OF WORK FOR MOST	OF WORKING LIFE)	IZE. KIND OI INDUSTRY	NOWN
35	13a S	AL RESIDENCE (IF NURSING HOME OR COTATE 138, COUNTRY BALT		MOKE	13d INSIDE CITY LIMITS	11213 4	GHT :	ST.	
00		UNKNOU		T		KNOWN		LAST	
1	160 V	VAS DECEASED EVER IN U.S. ARA VES. PO OR PINKNOWN! (IF YES, GIVE	war or dates)	0 6055	FEDERAL	HILL NH.	1213	Ligh	tst.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	SEQUENCE OF PIRATIO		smonia Acciden	t	BETWEEN O	MATE INTERVAL INSET AND DEATH
	NOIL	PART 2 OTHER SIGNIFICANT CO	I						
9	CERTIFICAT	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
9	CAL	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJ	URY IN STEM 18 PART		
	MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital	(AT HOME, STREET, FACTORY, O	4/8	STREET	81 , to 4/12	OWN	ST., t	hot (I) lost
	ST. 1	on the deseased alive on obove (ii) (va) (did) (did not 228 SIGNATURE	susbe		EGREE ATTENDIN PHYSICIA		AFF	22c DATES	
		G.L. Werd	40Wske	CIM	300 l	S. Hanou	iev St		
	23a. B	SURIAL, CREMATION, REMOVAL REMOVAL	3b. DATE 4/16/81	23¢ NAME OF CE	METERY OR CREMATO	ORY 23d. LOCATION CITY OR TOWN	0.	OUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

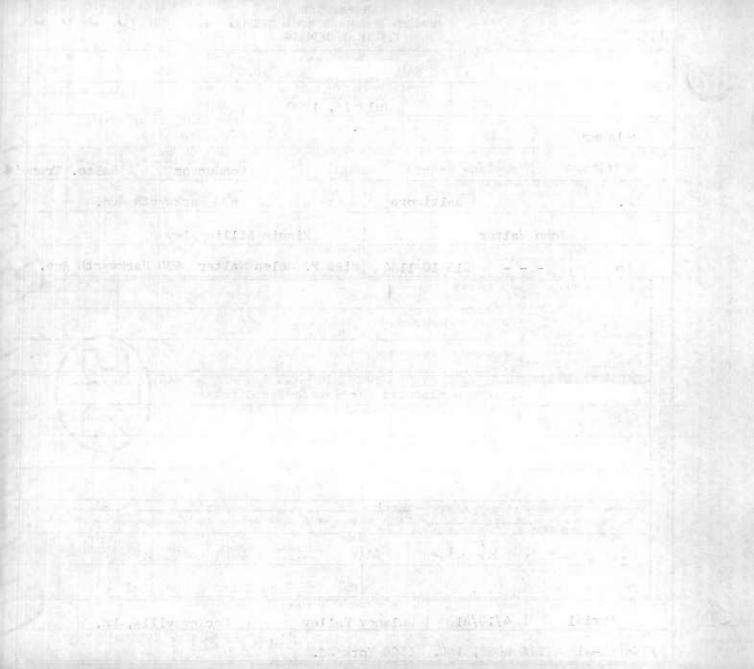
24 FUNERAL DIRECTOR
Anatomy Board

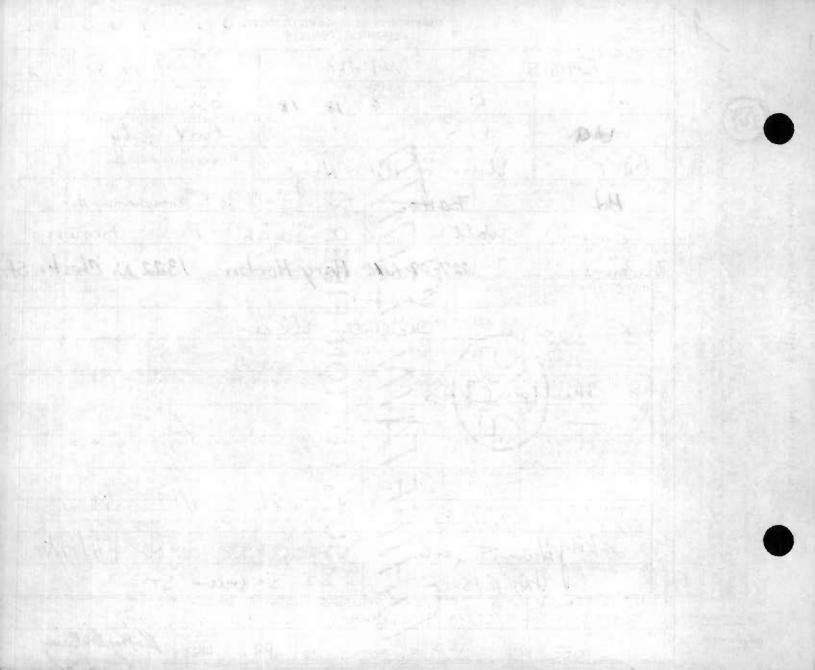
Balto., Md.

25 TO SEZO BY NO STRAR 258 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-LILLY WALKER DEATH MATED 4-2 181 4 RACI 6. AGE (IN YEARS | IF UNDER TYR DATE OF BIRTH IF LINDER 24 HRS DATE 24:450 YEAR LAST BIRTHDAY PRONOUNCED 18 62 DEAD 10 26 L black YPS TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City 2. RETAIN PAGE 5 P.
2. SHOULD BE FILED, W. DIVORCED Va WIDOWED . ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! 3629 Baltimore Garrison Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 13b. COUNTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto YES La NO T 3629 Garrison 18. GIVE PAGES 1, 2, A
WITH FORM PM 3. R
WIT. PAGES 1 AND 2 SH
E. DIVISION OF WITAL R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Baskerville Gloston Louise Baskerville 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) HEYES GIVE WAR OR DATES No 228-26-0217 George Feagin F/H South Hill ALONG W 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 21201 PRIOR TO BURIAL, YES NO SE EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CY TO FUNERAL DIRECTORE, PAGE 3 SHOULD BE I AFTER DEATH, WITH THE STATE DEPARTARENT BALTIMORE, MARYLAND, 21201 PRIQR TO BUJ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK XX 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Undetermined monner Natural causes TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Va. South Hill 4/6/81 Cem Free Union Ch. Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAN 6 SIGNATUR **DHMH-17** 1101 E. North Avel. VR A15 ME (5) Wm C March F/H b 15M 2/80

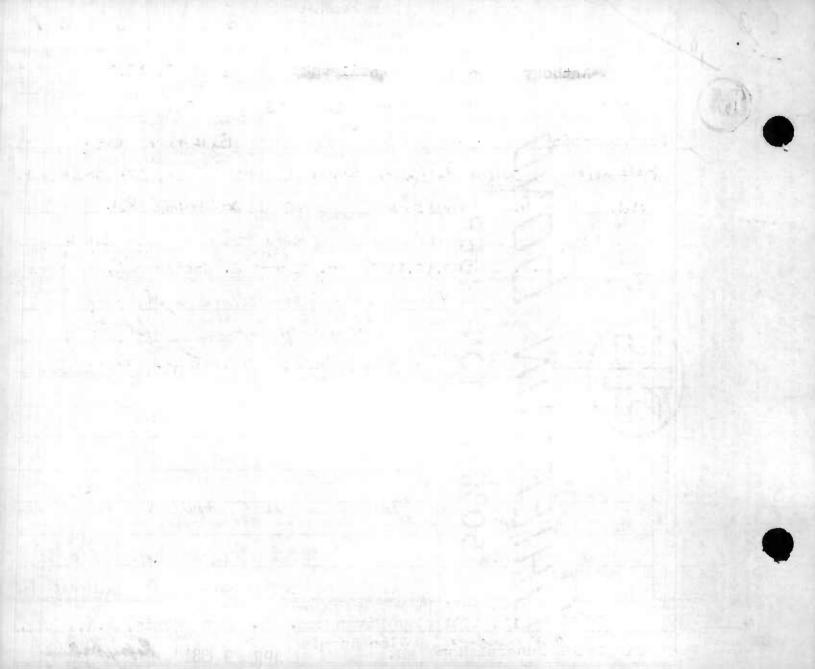




	1			TE OF MARYLAND		
	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HY	GIENE REG. NO.	0 3 3
eorh 3		CEASED NAME FIRSTBA	rbara Middle Ward	Vard	20 DATE OF DEATH MONTH	29 1981 130
1	3. SE		4 RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
1-18 175	C	RTHPLACE STATE OR FOREIGN OUNTRY) Penna.	WIDOW		9 BALTIMORE CITY OR COU Baltimore	
the day		Baltimore	11. NAME OF HOSPITAL, NURSING HOME	ospital	120 USUAL OCCUPATION (TYPE OF TOP OF TOP WORK!	NG LIFE) 126 KIND OF BUSIN
24 hav	130.	aryland Wal	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TIMO TO 13 DUNGS PK 2122	YES NOZOK		ridget Lane
ompletely ond 2 sl	14. FA	Charles D.	Hockenberry	15 MOTHER'S MAIDEN NA	etha Moyer	LAST
icton and co	160 V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SECURITY NO. 217 26 3294	Paul C. Wa	ADDRESS ard, Husband	Same APPROXIMATE INTER RETWEEN ONSET AND
equires that the death certifical is signed by the attending physichen please remove carbon paper to burial, cremation, or remove injury, or other traumatic event,	NO	Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
nn. has been permit.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	200. AUTOPSY? 20b. II IN CE YES NO RRED (ENTER NATURE OF INJURY IN ITEM	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES NO [M18, PART 1 ORPART 2]
DING PHYSICIA or offending pi After this certif e os the buriol-t olth and Mental marked or tem	MEDICAL	OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHOM 120. 1 certify that (1) (this hosp			CITY OR TOWN	COUNTY ST
ITAL OR A by the hosp the hosp the hosp detached store Dept.		saw the deceased plive or	at viewthe body after death. 19 kg., and wiewthe body after death.	DE GREE ATTENDING	death occurred on the date and DIRECTOR PHYSICIAN	,
ro HOSP retained I TO FUNE should be with the S						

The second of th The state of the s

		4286	
	.442.0		
of whater comes of the name			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWNXX MONTH 2h HOUR LIYPE OR PRINT OF ESTI-,81 4-4-DEATH MATED VTOT.A WATSON SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS 2c. DATE Bd. HOUR LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 81 female black 05 75 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED ٧a USA WIDOWED KK DIVORCED Baltimore City FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY SHOULD BE P 2519 Emerson Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES -NO [M 2519 Fisor Street Ralto 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST LAST Unk Unk 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES NO. OR UNKNOWN) LIEVES GIVE WAR ORDATES 229-22-8738 Abner Rogers 2519 Emerson St 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TRANSIT PERMIT. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cachexia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which carcinoma of breast gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND ME lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) arteriosclerotic cardiovascular disease 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD TO BE TO BU YES [NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY FARM FIC) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causeXX death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNE4-4-81 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 4/9/81 BP Tone Westminster 24 FUNERAL DIRECTOR WMWC. MARCH F/H **DHMH-17** ADDRES 1101 E. North Avenue (VR A15 ME (5)) 15M 2/80

Appearance of the second secon

